	Adelaide Quality Care # CONSUMER PROFILE	P3 CONSUMER REVIEW DATE: JUN 2020 REVIEWD BY: S PALTRIDGE

ABOUT CONSUMER					
NAME OF CONSUMER				DOB	
PREFERRED NAME				GENDER:	
ADDRESS					
CONTACT NUMBER	HOME:			MOBILE:	
COUNTRY OF BIRTH		PREFERRED LANGUAGE			
RELIGION / BELIEF		INTERPRETER	☐YES NAME :		☐NO
SERVICES	☐ NDIS ☐ HCP ☐ LEVEL 1 ☐ LEVEL 2 ☐LEVEL 3 ☐ LEVEL 4				
REFERENCE #	☐NDIS ☐MAC _____				
☐ATSI ☐ DVA : _____ ☐ M/C : _____ ☐ PRIVATE HEALTH: _____					
CASE MANAGEMENT	☐ AQC ☐ SELF MANAGEMENT (name of In charge person: _____)				
MEDICAL CONDITION					
ALLERGY					

RELEVANT DOCUMENTATIONS			
☐ACAT	☐OPD APPOINTMENTS	☐SUPPORT PLAN	☐MEDICATIONS LIST
☐REFERRAL FORM	☐HEALTH SUMMARY	☐ACD	☐7 STEPS PATHWAY
☐HOSPITAL LETTERS	☐CAB VOUCHER	☐EOPA / G	

PEOPLE KNOW ABOUT CONSUMER			
CLINICIANS			
GP NAME		CONTACT DETAILS	
SPECIALIST		CONTACT DETAILS	
PODIATRIST		CONTACT DETAILS	
PHYSIOTHERAPIST		CONTACT DETAILS	
DIETICIAN		CONTACT DETAILS	
OTHER		CONTACT DETAILS	
EMERGENCY CONTACT FAMILY / FRIEND			
FULL NAME		RELATIONSHIP	
MOBILE		EMAIL	
FULL NAME		RELATIONSHIP	
MOBILE		EMAIL	
FULL NAME		RELATIONSHIP	
MOBILE		EMAIL	

COMPLEX CLINICAL CARE	☐IDC ☐SPC ☐TRACHEA ☐VENTILATOR ☐NGT ☐PEG ☐ WOUND CARE ☐NIDDM ☐ IDDM
COMPLEX SOCIAL CARE	☐HOMELESS
PSYCHOLOGICAL CARE	☐BEHAVIOUR MANAGEMENT ☐ SUICIDAL THOUGHTS

AQC REPRESENTATIVE		DATE	
CONSUMER / REPRESENTATIVE		DATE	