Client Intake Form

This document is used to capture client demographics and information that remains static. The information on this form should be checked annually at review. A dated note should be added if no change required. If a change is required a new form should be completed. This form should be completed from the referral data and confirmed with the client prior to assessment by the intake team.

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| **CLIENT DEMOGRAPHICS** |  | |
| Full name: Kathryn Sutton |
| Preferred name: |  | DOB: 02/04/1950 |
| Address: 1/21 Pearce Road |  | ☐No fixed abode |
| Suburb: Australind |  | Postcode: |
| Mobile no: 0474 217 779 | Home no: | Work no: |
| Email address: |  |  |

Gender Female

Marital status: Married

Living arrangements:

Lives in a coupleSingle (person living alone)

Accommodation Type

B

Private - public rental



Medicare No. & Ref #: 60780270282 Medicare expiry: 2025-05-01

Pension type/income: Aged pension Full

Pension number: 600346747A

Disability or impairment:

**ctual/learning** ☐ Psychiatric ☐ **Sensory/speech** ☐

**Physical/diverse** ☐ **None** ☐ **Not stated / inadequately described**.

Carer YeCo resident carer

Consent for personal information to be stored on Government portal

Consent to participate in follow up research, surveys and evaluations

Indigenous Status: Neither ATSI

Country of Birth: Australia

Main Language spoken at home English

Income: ☐ I receive a full pension ☐ I receive a partial pension

* + I am a self-funded retiree

Centrelink Aged Care Fees Income Assessment form completed: NA DVA type: NA

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| DVA number: | | | Exp. Date: |
| Private health insurance: | * Yes ☐   No | Provider name: No private health cover | |
| Insurance no: | | |
| Ambulance cover: | * Yes ☐   No | Provider name Has ambulance cover | |
| Cover no: | | Exp. Date: |
| * Other: | | |
| * With others ☐ No fixed address | | |
| Dependents: | | | Ages: |

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| Does the client have a legally appointed:  *Original/s to be sighted and copy to be provided. Copies to be uploaded to Procura Documents (for Home Care).* | |  |
| Is the carer/next of kin the client’s chosen representative? | | Danielle Vosse - daughter - 0499770116 |
| **Emergency Contact 1** | | |
| Name: Danielle Vosse - daughter - 0499770116 | | |
| Relationship to client: | | |
| Phone: | Mobile: | |
| Email: | | |
| **Emergency Contact 2** | | |
| Name: | | |
| Relationship to client: | | |
| Phone: | Mobile: | |
| Email: | | |

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| **CARE TEAM** | |
| **GP Name/Organisation: Dr John Gliddon (retiring) (Usher Medical Centre) transferring to Dr Pratt.** | |
| Address: | |
| Phone: | Fax: |
| **Pharmacy Name/Organisation:** | |
| Address: | |
| Phone: | Fax: |
| **Other 1:** | |
| Address: | |
| Phone: | Fax: |

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| **Emergency Risk Management Planning** |
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| **If Yes to any of the above, please flag client vulnerability in Procura** |

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| **Cultural / Religious Beliefs and Preferences** | | | | |  |
| Does the client have any cultural beliefs which may impact services? | | |  | |
| Religion: |  | Ethnicity: | |  |
| Language: | English | | | |
| If Other, please specify: |  | | | |
| Do you have cultural/religious beliefs/practices which SCC need to be aware of? Eg Acknowledging a religious or cultural day such as Christmas Day, Ramadan, staff gender (eg female only), removal of shoes before entering client’s house | | | |  |
| If Yes, please specify: |  | | | |

Jon Morrell January 16, 2024

Date completed: / / Completed by:

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