

Client Details			
1. First name:			
2. Last name:			
3. Preferred name:			
4. Gender:			
5. Date of birth:		6. Age:	
7. Mobile Phone:			
8. Email:			
9. Are you currently experiencing any form of homelessness?	Primary Homelessness Tertiary Homelessness	Secondary Homelessness Not homeless	
10. Residential Address: (or No fixed Address")			
11. City/Suburb:	12. Postcode:		
13. Postal Address:			
14. Emergency Contact Name:	15. Relationship:		
16. Contact Number:			
17. Do you identify as Aboriginal or Torres Strait Islander?	Aboriginal	Torres Strait Islander	Both Neither
18. Country of birth:			
19. Languages spoken at home:			
20. Medicare Number:	21. Expiry Date:		
22. Do you hold a concession or Pension HealthCare Card?	No Card Healthcare Card (Green) Department of Veterans Affairs (DVA)	Commonwealth Seniors Card (Orange) Pensioner Concession Card (Blue)	
23. Card Number:	24. Expiry Date:		
25. What is your primary reason for seeing the doctor?			

Support providers and Consent to exchange of information

1. Are you currently being supported by another agency?	Yes	No
2. If yes, please provide details of primary support group:	Agency:	
	Contact name and title:	
	Contact phone:	
	Contact email:	
3. Do you give The Haymarket General Practice permission to record your data in Medirecords? Medirecords is a database managed by the Haymarket General Practice, used for bookings and patient information management. Your details are kept confidential in line with our privacy policy, with anonymous information used for quality improvement and reporting to funders. If you would like to know more, please ask our Practice Manager for a copy of our privacy policy.	Yes	No
4. Do you give the Haymarket General Practice permission to contact other services to gather information about your circumstances? If you give us permission to exchange your information to another service, we will only provide the information required for the activities that you have requested and will not provide open access to your medical records.	Yes	No

I give permission to the Haymarket General Practice to exchange information with the following services. My permission is effective for the duration of my engagement with the practice. I understand that I can change my consent at any time by letting my clinician or the practice manager know.

- 1.
- 2.
- 3.
- 4.
- 5.

Acceptance

1. Client Name:	
2. Client Signature:	
3. Date:	
4. Case Manager Name:	
5. Case Manager Signature:	
6. Date:	

Office Use Only

Date of Referral:	
Referral Agency:	
Referrer (Name & Job title):	
Referrer phone:	
Referrer email:	
Information added to Medirecords:	Yes No