Client Intake Form V1

ABOUT YOU

Title	Given name(s)*	Family name(s)*	Preferred Name	Date of Birth*

Are you of Aboriginal and / or Torres Strait Islander origin?*

Aboriginal but not Torres Strait Isander ☐ Torres Strait Islander but not Aboriginal ☐

Both Aboriginal and Torres Strait Islander ☐ Neither Aboriginal nor Torres Strait Islande ☐

Sex*	**Gender** (optional)	**Pronouns** (optional)
Male ☐ Female ☐ Other ☐ Prefer not to answer ☐	Male ☐ Female ☐ Non-binary ☐ Different term ☐ Prefer not to answer ☐	He / him ☐ She / her ☐ They / them ☐ Prefer not to answer ☐

Country of Birth	**Do you require an Interpreting service?** Yes _ No _	**Main Language Spoken At Home** English __ Other (please specify)

Medicare Card I don't have a Medicare Card ☐

Card number	**Reference number**	**Expiry date** (MM / YYYY)	

CONTACT DETAILS

Residential Address*	**Suburb / Community**	**State**	**Postcode**
Postal Address* Same as residential	**Suburb / Community**	**State**	**Postcode**

Please give your details and tick your preferred method of communication.

Mobile*	**Telephone** (work, home, other)	**Email Address***

KEY CONTACT(S)

Next of Kin I don't have a next of kin ☐

Name	**Relationship to you**	**Mobile Number**

Who can we contact in an emergency? Same as Next of Kin details ☐

Name	**Relationship to you**	**Mobile Number**

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Outback Care

HEALTH CARE CARDS (optional)	
Health care card number	**Expiry Date** (DD/MM/YYYY)
Pension card number	**Expiry date** (DD/MM/YYYY)
Veterans affairs card number	**Expiry date** (DD/MM/YYYY)
Private Health Insurance	
Private health fund	Private health fund number

ADDITIONAL INFO	
Who is your regular GP (name)	**GP Practice** (organisation name)

Please add relevant medical history:

List any allergies / intolerances and any reactions:

List any medications you are taking:

Medication Name Dose

What is your main issue(s) of concern for your appointment today?

What are you hoping to get out of your appointment today?

I consent to having any data related to my foot condition de-identified and used for research purposes Yes ☐ No ☐

How did you hear about Outback Care? ☐GP or Health Professional ☐Family or Friend ☐Word of Mouth ☐Outback Care Website ☐Social Media ☐Boab Health Service