

CHILD YOUTH MENTAL HEALTH SERVICE (CYMHS) REGISTRATION

*mandatory fields

Family Name*			Given Name*		
Date of Birth*			Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Marital Status	<input type="checkbox"/> Never married <input type="checkbox"/> Married / De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Religion		
Home Address					Postcode
Telephone			Email		
Medicare Number			Ref		Expiry
Pension or DVA benefits	<input type="checkbox"/> None <input type="checkbox"/> Sickness <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> DVA		Pension / DVA Number		
NDIS Number			Expiry		
Do you need an interpreter to assist in discussing general information eg. appointments			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need an interpreter to assist in discussing medical information			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, language			Country of birth		
Indigenous Status	<input type="checkbox"/> Not specified <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal not Torres Strait Islander		<input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander not Aboriginal		
Living Status	<input type="checkbox"/> On your own <input type="checkbox"/> Siblings <input type="checkbox"/> Friends <input type="checkbox"/> Other relatives		<input type="checkbox"/> Parents <input type="checkbox"/> De facto / husband/ wife <input type="checkbox"/> De facto / husband/ wife / children		<input type="checkbox"/> Residential (full support) <input type="checkbox"/> Residential (limited support) <input type="checkbox"/> Residential (no support) <input type="checkbox"/> Other
Housing	<input type="checkbox"/> House or Flat <input type="checkbox"/> Boarding <input type="checkbox"/> Group Home <input type="checkbox"/> Caravan		<input type="checkbox"/> Hostel Type Accommodation <input type="checkbox"/> Community Residential Service <input type="checkbox"/> Residential Care Services		<input type="checkbox"/> Supported Residential Service <input type="checkbox"/> Homeless Persons Shelter <input type="checkbox"/> No Usual Residence <input type="checkbox"/> Other
Employment	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> Child not at School <input type="checkbox"/> Student		<input type="checkbox"/> Home Duties
Occupation					
Education Level	<input type="checkbox"/> Tertiary completed <input type="checkbox"/> Tertiary commenced <input type="checkbox"/> Vocational		<input type="checkbox"/> Secondary Year 11-12 <input type="checkbox"/> Secondary Year 7-10 <input type="checkbox"/> Primary		<input type="checkbox"/> Never attended <input type="checkbox"/> Other
Family / Carer Contacts					
<i>The first listed name will be the first point of contact in an emergency</i>					
Parent / Carer / name			Relationship		
Mobile Phone		Home Phone		Email	
Address					Postcode
Parent / Carer / name			Relationship		
Mobile Phone		Home Phone		Email	
Address					Postcode
Local doctor name				Phone	
Address					

Return this Registration to: cymhsintake@alfred.org.au