

INFANT, CHILD AND YOUTH MENTAL HEALTH AND
WELLBEING SERVICE REGISTRATION

*mandatory fields

Last name*		First name/s*	
Date of birth*	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Gender identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to answer
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	
Preferred contact method	<input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Letter		
Medicare number	Ref	Expiry	NDIS
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
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		
Cultural considerations / support needs			
Indigenous status	<input type="checkbox"/> Not specified <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Torres Strait Islander not Aboriginal <input type="checkbox"/> Aboriginal not Torres Strait Islander <input type="checkbox"/> Prefer not to answer		
Living status	<input type="checkbox"/> On your own <input type="checkbox"/> Parents <input type="checkbox"/> Residential (full support) <input type="checkbox"/> Siblings <input type="checkbox"/> De facto / husband/ wife <input type="checkbox"/> Residential (limited support) <input type="checkbox"/> Friends <input type="checkbox"/> De facto / husband/ wife / children <input type="checkbox"/> Residential (no support) <input type="checkbox"/> Other relatives <input type="checkbox"/> Other		
Housing	<input type="checkbox"/> House or Flat <input type="checkbox"/> Hostel Type Accommodation <input type="checkbox"/> Supported Residential Service <input type="checkbox"/> Boarding <input type="checkbox"/> Community Residential Service <input type="checkbox"/> Homeless Persons Shelter <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Care Services <input type="checkbox"/> No Usual Residence <input type="checkbox"/> Caravan <input type="checkbox"/> Other		
Employment	<input type="checkbox"/> Employed <input type="checkbox"/> Child not at School <input type="checkbox"/> Home Duties <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		
Occupation			
Education level	<input type="checkbox"/> Tertiary completed <input type="checkbox"/> Secondary Year 11-12 <input type="checkbox"/> Never attended <input type="checkbox"/> Tertiary commenced <input type="checkbox"/> Secondary Year 7-10 <input type="checkbox"/> Other <input type="checkbox"/> Vocational <input type="checkbox"/> Primary		
Family / Carer Contacts			
The first listed name will be the first point of contact in an emergency			
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

EMR: Registration / Registration Record