

Registration Form – consumer to complete

Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Date of Birth	Date Form Completed
Preferred Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____		Medicare Card Details Number: _____ Ref#: __ Expiry: __ / __		
Current Address			Contact Number/s Phone: _____ Fax: _____ Mobile: _____	
Email Address				
Preferred Form of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other (please specify) _____				
Relationship Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married/De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Indigenous Status <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither				
Country of Birth	Year of Arrival in Australia	Preferred Language		
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate below what type of interpreter is required: <input type="checkbox"/> AUSLAN <input type="checkbox"/> Deaf <input type="checkbox"/> Other (please specify) _____			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Home duties <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner				
Occupation			Religion	
Pension/Benefit Type <input type="checkbox"/> None <input type="checkbox"/> Aged <input type="checkbox"/> Disability <input type="checkbox"/> Repatriation <input type="checkbox"/> Sickness <input type="checkbox"/> Newstart <input type="checkbox"/> Parenting <input type="checkbox"/> DVA <input type="checkbox"/> Other				
Living Situation <input type="checkbox"/> Self <input type="checkbox"/> With family members <input type="checkbox"/> With non-family members <input type="checkbox"/> Other (please specify) _____				
Accommodation <input type="checkbox"/> Private residence - owned <input type="checkbox"/> Private residence – rent <input type="checkbox"/> Private residence – Dept of Housing <input type="checkbox"/> Boarding house/hostel <input type="checkbox"/> Residential aged care <input type="checkbox"/> Shelter/refuge <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other supported accommodation <input type="checkbox"/> Homeless <input type="checkbox"/> Other (please specify) _____				
Education Level <input type="checkbox"/> Primary <input type="checkbox"/> Junior secondary <input type="checkbox"/> Senior secondary <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Graduate Dip/Graduate Cert <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Did not attend primary/secondary <input type="checkbox"/> Other _____				
Next of Kin/ Emergency Contact		Name: _____ Relationship: _____ Address: _____ Contact info: _____ <input type="checkbox"/> SMS only		

Are you connected with any other service?

- NDIS
 Aged Care
 Employment support
 Other Mental Health Service (please specify) _____

GP Details

GP Name:

Clinic Name:

Address:

Preferred Method of Communication

- Signing
 Speech
 Lip reading
 Written
 Finger spelling
 Gesture
 Other _____

Do you use any assistive communication devices? Yes No

If yes, please state which (e.g. hearing aid, cochlear implant, etc)

Nature of Hearing Loss
(if known)

ONSET

Pre-Lingual
(before language acquisition)

Post-Lingual
(after language acquisition)

- In childhood
 In early adulthood
 In late adulthood

TYPE

Sensorineural
 Conductive
 Mixed

LEVEL

Mild
 Moderate
 Severe
 Profound

English Language Skills
(include spoken, written and reading ability)

- Use/prefer simple, concrete language
 Understand simple concrete language
 Use/prefer complex language
 Understand complex language

Communication Assisted by:

- Slower speech Louder speech
 Speech (lip) reading Gestures
 Writing Diagrams
 Repetition Other _____

Additional Information

Name and Contact Details of Person Making the Referral

Consent to Obtain and Share information – consumer to complete

Why do I need to sign this form?

- You have been referred to a clinician from the Deafness and Mental Health Service.
- The Service cannot obtain or share your personal and medical information without your consent.
- The Service can only obtain and share information for the benefit of your health and wellbeing.
- You can withdraw consent at any time.

Consent to Request and Release of Information (please tick the boxes)

- I understand I am giving consent for the Deafness and Mental Health Service to obtain and share relevant personal and medical information for the purposes of my health and wellbeing.
- I understand information can be obtained and shared with other government services - for example, Qld Housing, NDIS, other non-government services such as employment services, private and general practitioners, clinicians, relevant carers, and family where necessary.
- I DO NOT authorise or consent to the obtaining and/or sharing of information with:
.....
- I can withdraw my consent at any time.
- I can request a copy of this form at any time.

Patient Authorisation

Full name: Date: / /

Signature: Contact number:

Please indicate if you are signing this document as a: NOK Legal Guardian Representative

Withdrawal of Authorisation

Patient Withdrawal of Authorisation

I, (print full name), hereby withdraw my consent to release any information.

Signature: Date: / /

Ver 2.0 23.10.2024

Please complete and send to deafness_mhs@health.qld.gov.au or fax **07 3317 1296** with the referral form.

Deafness and Mental Health Statewide Consultation and Liaison Service

Woolloongabba Community Health Centre, Level 2, 228 Logan Road, Woolloongabba QLD 4102

Phone: 07 3317 1080 | Fax: 07 3317 1296 | deafness_mhs@health.qld.gov.au | health.qld.gov.au/deafness-mental-health