**Integrated Team Care (ITC) Client Registration Form**

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| **Client Details** |
| Mr / Mrs / Miss / Ms/ Aunty/ Uncle  Surname: …………………………………………………………………………………………………………………………………….  Given names: ………………………………………………………………………………………………………………………………  Middle name/s: …………………………………………………………………………………………………………………………..  Gender: *Female Male* Date of Birth: ………. /………. / ………. Current Age: …………….  Concession type: …………………… Concession Number: ………………………………. Expiry:………. / ……….  Origin: Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander  Marital Status: *Married Defacto Never married Widowed Separated Divorced* |

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| **Client Address and Contact information** |
| Street number: ………………………………….…………… Street Name: ………………………………….…………………  Suburb/Town: ………………………………….…………… State: ………………………….. Postcode: ……………………  Telephone: …………………………………………………… Mobile: ………………………………………………………………  Email address: .................................................................................................................................. |

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| **Next of Kin/Emergency Contact Person Details** |
| Mr / Mrs / Miss / Ms  Surname: …………………………………………………………………………………………………………………………………….  Given names: ………………………………………………………………………………………………………………………………  Street number: ………………………………….…………… Street Name: ………………………………….…………………  Suburb/Town: ………………………………….…………… State: ………………………….. Postcode: ……………………  Telephone: …………………………………………………… Mobile: ………………………………………………………………  Email address: .................................................................................................................................. |

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| **Services Required** | |
| Transport | Chronic disease support |
| GP support | Aged care +50 |
| Other |  |

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| **Client Consent** |
| Client name: ……………………………………………………………………………………………………………………………….  Client signature: ………………………………………………………………………………………………………………………….  Date:…………………………………………………………………………………………………………………………………………… |

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| **Referring clinician** |
| GP/Clinician’s name: ………………………………………………………………………………………………………………  Clinic details: …………………………………………………………………………………………………………………………. |

**Email:** [**itc@iuih.org.au**](mailto:itc@iuih.org.au) **Fax number: 3205 8666**

**For further information call 1800 254 354 to speak with a ITC Team member**