





WHCOR29

**Please attach medication list**

Any factors impacting on ability to attend a clinic appointment:

- Limited mobility
- Frail
- Unable to tolerate long consultations
- Hoist transfer only
- Transport issues

Other (state): .....

Carer Availability	Carer Relationship	Living Arrangements	Accommodation
<input type="checkbox"/> No Carer	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Lives Alone	<input type="checkbox"/> Private (own/rent/purchase)
<input type="checkbox"/> Co-resident Carer	<input type="checkbox"/> Parent	<input type="checkbox"/> Lives with Family	<input type="checkbox"/> Outreach
<input type="checkbox"/> Non Resident Carer	<input type="checkbox"/> Child	<input type="checkbox"/> Lives with Others	<input type="checkbox"/> Supported Community
	<input type="checkbox"/> Child-in-law	<input type="checkbox"/> Not stated	<input type="checkbox"/> Residential Aged Care
	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Residential Care Facility (not aged)
	<input type="checkbox"/> Friend/Neighbour		<input type="checkbox"/> Short Term Crisis/Emergency
	<input type="checkbox"/> Foster Carer		<input type="checkbox"/> Other Accommodation

Country of Birth:

Aboriginal or Torres Strait Islander  Yes  No

Medicare No:

Pension No:

DVA No: (if applicable)

TAC  Yes  No Claim Number:

Workcover  Yes  No Claim Number: