



New Service User Form

* = Required Information

Key Information

First Name	
*Last Name	
*Registration Date	
*Referral Source	

Contact Information

Mobile	
Landline	
Other Phone	
OK to call?	Yes / No
Email	
OK to email?	Yes / No

Address Information

Address	
Postcode	
Country	

Ethnicity and National Identity

Nationality	
Immigration Status	

River House Member Database

*Ethnicity	
<p><i>White</i></p> <input type="checkbox"/> British <input type="checkbox"/> White Irish <input type="checkbox"/> White Gypsy or Irish Traveller <input type="checkbox"/> Any other White background	<p><i>Asian</i></p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
<p><i>Mixed</i></p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background	<p><i>Black</i></p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background
<p><i>Other</i></p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group	

Other Demographic

*Gender	Transgender/ Intersex
*Date of Birth	
Sexuality	
Marital Status	
Religion or Belief	
Financial Status	
Housing Status	

Benefits

<input type="checkbox"/> Child Tax Credit <input type="checkbox"/> DLA <input type="checkbox"/> ESA <input type="checkbox"/> Housing Benefit	<input type="checkbox"/> JSA <input type="checkbox"/> PIP <input type="checkbox"/> Universal Credit <input type="checkbox"/> Working Tax Credit
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River House Member Database

HIV

HIV Diagnosis Date	
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Other Medical

<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Dependency <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer <input type="checkbox"/> Mental Health Condition
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Medical Contacts

*Hospital/Clinic	
Consultant Name	
Consultant Phone	
GP Name	
GP Phone	

Other Contacts

Social/Key Worker	
Social/Key Wrkr Ph	
Carer	
Carer Type	
Carer Phone	

Emergency Contact

Name	
Phone	
Relationship	
Aware of Status?	Yes / No