

## Client Personal Details

Date .....

<b>Title</b>	<b>First Name</b>	<b>Surname</b>	
<b>Postal Address</b>			
<b>Suburb / Town</b>		<b>State</b>	<b>Postcode</b>
<b>Home phone</b>	<b>Work phone</b>	<b>Mobile phone</b>	
<b>Email address:</b>			
<b>Date of Birth</b>	<b>Gender</b> M / F /Other	<b>Occupation</b>	
<b>Carer / Guardian / Emergency Contact and Phone number</b>			
<b>Country of Birth</b>	<b>Aboriginal and/or Torres Strait Islander</b> Yes / No	<b>Language/s spoken at home if not English.</b>	
<b>Name of Referring Doctor</b>		<b>Name of Surgery or Practice</b>	
<b>Diagnosed with Diabetes</b> YES / NO		<b>Year First Diagnosed</b>	
<b>Heart Condition</b> YES / NO	<b>Current Cardiologist (if known)</b>		

### Darwin

Shop 1 & 2 Tiwi Place,  
Tiwi NT 0810  
PO Box 40113,  
Casuarina NT 0811  
Phone: 08 8927 8488  
Fax: 08 8927 8515

E: info@healthylivingnt.org.au

### Alice Springs

Jock Nelson Centre,  
7/16 Hartley Street,  
Alice Springs NT 0870  
Phone: 08 8952 8000  
Fax: 08 8952 7000

E: alicesprings@  
healthylivingnt.org.au

www.healthylivingnt.org.au  
ABN 11 374 693 055

Healthy Living NT  
is the trading name of the  
Diabetes Association  
of the Northern Territory  
Incorporated.

Healthy Living NT  
is the registered NT  
licence holder for  
Life. Be in it.



I give consent for information to be collected to:

- Provide me with diabetes and or cardiac and nutrition education, information and services
- Report back to health professionals
- Be used in non-identifiable statistics in reports to funders and program evaluation

I understand I may review information held about me and to withdraw my consent for the collection of further information by making a formal request to Healthy Living NT.

Signature \_\_\_\_\_