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| **CLIENT DETAILS** |
| **First Name (s)** |  | **Surname** |  |
| **D.O.B** |  | **Gender** |  |
| **Address**  |  |
| **Suburb** |  | **Postcode** |  |
| **Postal Address**(if different) |  |
| **Suburb** |  | **Postcode** |  |
| **Email** |  |
| **Home Phone** |  | **Mobile** |  |
| **Next of Kin** |  | **Contact** |  |
| **Medicare no.** |  | **Ref. No. on Card** |  |
| **DVA card no.** |  | **Gold** |  | **White** |  |
| **Private Health fund** |  | **Membership no** |  |
| **NDIS no.** |  | **NDIS Plan Dates** |  |
| **NDIS managed by** | * **Agency**
* **Self**
* **Plan Managed (Please list Plan Manager’s contact details below)**

**- Plan Manager Company name:\_\_\_\_\_\_\_\_\_ \_\_\_\_****- Plan Manager Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_*****Please attach a copy of your NDIS Plan or provide list of current goals*** |
| **Relevant Medical/ Disability History** |
| **Current medical/ disability concerns** |  |
| **Past medical/ disability concerns** |  |
| **Referral Request** |
| **Services requested** |  |
| **GP/Specialist details** |
| **GP Name** |  | **GP Clinic** |  |
| **GP Phone** |  |
| **Specialists Name** |  | **Specialist Practice name** |  |
| **Specialists Phone** |  |
| **School attending** *(if applicable)* |  | **Year level***(if applicable)* |  |
| **Referrer information** |
| **Name** |  | **Organisation** |  |
| **Phone** |  | **Fax** |  |
| **Provider no.** |  |
| **Email**  |  |
| **Signature** |  | **Referral date** |  |

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| **CLIENT QUESTIONNAIRE**Information provided will enable us to effectively tailor your therapy intervention.Thank you for your valuable input. |
| **Additional medical information** |
| Allergies (If yes, please list) | Yes | No |
| Current Medications (Please list) |
| Continence: 🞏 Continent 🞎 Incontinent bladder 🞎 Incontinent bowelManagement: |
| Have you had a hearing test? If yes, what were the results  | Yes | No |
| Have you had a vision test?If yes, what were the results | Yes | No |
| Have you had any past assessments or therapy intervention?If yes, please provide details and copies of any relevant reports1.2.3. | Yes | No |
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| **About you** |
| Are there any cultural beliefs you would like to tell us about? Please advise |
| What are your interests?  |
| Are you involved in any community activities? Please list |
| Please describe any concerns you have in the following areas;Communication skills:Social skills:Gross motor skills:Fine motor skills:Behaviour: |
| **Performance in Daily Activities** |

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| **SELF CARE (Personal Activities of Daily Living)** |
| **Showering** | 🞏 Independent 🞎 Assisted 🞎 DependentEquipment in place:If difficult, what aspects of showering do you struggle with? |
| **Dressing** | 🞏 Independent 🞏 Assisted 🞎 DependentIf difficult, what items are hard to put on/off? |
| **Toileting** | 🞏Independent 🞎 Assisted 🞎 DependentIf difficult, what aspects of toileting do you struggle with?  |
| **Grooming** (e.g. shaving, brushing your hair, putting on make up) | 🞏 Independent 🞏 Assisted 🞎 DependentIf difficult, what tasks do you struggle with? |
| **Dental Hygiene** | 🞏Independent 🞏 Assisted 🞎 DependentIf difficult, what tasks do you struggle with? |
| **Feeding** | 🞏Independent 🞏 Assisted 🞎 DependentIf difficult, what aspect do you struggle with? |
| **Sleeping** | **Transfers**Can you get in/out of the bed on your own? 🞏 Yes 🞎 No**Sleep hygiene**Do you fall asleep easily? 🞏 Yes 🞎 NoDo you wake up multiple time during the night? 🞏 Yes 🞎 No |

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| **HOUSE HOLD MANAGEMENT (Instrumental Activities of Daily Living)** |
| **Cooking/ meal prep** | 🞏 Independent 🞏 Assisted 🞎 Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Cleaning** | 🞏 Independent 🞎 Assisted 🞏Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Laundry** | 🞏 Independent 🞏 Assisted 🞏Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Shopping** | 🞎 Independent 🞏 Assisted 🞎Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Gardening** | 🞎 Independent 🞏 Assisted 🞎Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Finances** | 🞎 Independent 🞏 Assisted 🞏 Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Telephone** | 🞏Independent 🞏 Assisted 🞎 Dependent 🞏N/AIf difficult, what aspect do you struggle with? |
| **Transport** | 🞏 Independent 🞏 Assisted 🞏Dependent 🞏N/AIf difficult, what aspect do you struggle with? |