

**CLIENT DETAILS**

**Title**  **Full Name**

**Gender**  **Preferred Name**

**Date of Birth**         **Email Address**   
D D M M Y Y Y Y

**Address**

**Telephone Number**  **English First Language?**  **Country of Birth**

**Aboriginal or Torres Strait Island?**  **Communication Assistance Required?**   **Interpreter Required**

**Cultural or Religious Affiliations**  **HCP Package**  **Level 1**  **Level 2**  **Level 3**  **Level 4**

**NDIS Current NDIS Plan dates:**  
 **NDIA managed**  **Plan managed**  **Self managed**

**Next of Kin Details (Preferred Contact):**

**Client's usual living arrangements:**  
 **Alone**  **Partner/Defacto**  **Family**  **Other** \_\_\_\_\_

**Housing type**  
 **Independent/ Own home**  **Supported Independent Living**  **Residential Aged Care Facility**

**Reason for referral**  
 **Equipment/AT**  **Home modifications**  **Memory supports/ Strategies**  
 **Fall Prevention**  **Behavior/Sensory Strategies**  **Other** \_\_\_\_\_

**CLIENT INFORMATION**

**Additional PMHX: Relevant health information (medical conditions and impairments such as hearing, allergies, and incontinence)**

Light blue horizontal bars for entering additional PMHX information.

**REFERRER INFORMATION**

**Client Aware of Referral**

Yes  No

**Referral Date**

Light blue input field for Referral Date.

**Referrer's Name**

Light blue input field for Referrer's Name.

**Relationship to Client**

Light blue input field for Relationship to Client.

**Contact Telephone**

Light blue input field for Contact Telephone.

**Email Address**

Light blue input field for Email Address.

**GP Details**

**Name**

Light blue input field for GP Name.

**Telephone**

Light blue input field for GP Telephone.

**Are there Allied Health or Case Management services in place? Please provide as much detail as possible**

Light blue horizontal bars for entering details of Allied Health or Case Management services.