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| **Client Details** |
| **Full Name:** |  Click or tap here to enter text.  | **Preferred Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | **Date of Birth:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | **Phone Number:** | Click or tap here to enter text. |
| **Do they identify as Aboriginal or Torres Strait Islanders?** | **Yes** [ ]  **No** [ ]  | **Language Spoken:** | Click or tap here to enter text. |
| **Interpreter Required?** | **Yes** [ ]  **No** [ ]  |
| **Gender:** | **Male** [ ]  **Female** [ ] **Non-binary** [ ]  **Other** [ ]  | **Preferred Pro-nouns:** | **She/Her** [ ]  **He/Him** [ ]  **They/Them** [ ]  **Other** [ ]  |
| **Next of Kin Details** |
| **Full Name:** | Click or tap here to enter text. | **Relationship:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | **Preferred method of contact:** | **Phone** [ ]  **Email** [ ] **Other** [ ] Click or tap here to enter text. |
| **Referrer Details** |
| **Full Name:** | Click or tap here to enter text. | **Relationship:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Company:** | Click or tap here to enter text. |  |
| **NDIS Information** |  **(Please attach a copy of the plan OR fill in the relevant section with Clients Consent)** |
| **NDIS number:** | Click or tap here to enter text. | **Plan Dates:** | Click or tap here to enter text. |
| **OT Plan Hours:** | Click or tap here to enter text. |
| **Plan Managed By:** | **NDIA** [ ]  **Self** [ ]  **Financial Intermediary** [ ]  |
| **Name:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Support Coordinator/Recovery coach details:** | **Name:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **How did you hear about us?** | Click or tap here to enter text. |

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| **Referral Details** |
| **Diagnosis:** Click or tap here to enter text. |
| **Reason for Referral:** Click or tap here to enter text. |
| **Medical History:**Click or tap here to enter text. |
| **Other Services Involved in care:** Click or tap here to enter text. |

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| **Risk Information** |
| **Is there any alcohol or other drug use? (current/historical/name/frequency)** |
| **Is there any history or current episodes of aggression? (verbal or physical / frequency / intensity)** |
|  **Is there any history of self harm/ suicidal thoughts/ suicide attempts? Any current?** |
| **Home visit: Is anyone else living in the property? Any pets? Is there any environmental hazards eg hoarding/sanitary issues? Or anything else to be aware of?**Click or tap here to enter text. |