## Part 1: Client’s information

|  |  |
| --- | --- |
| Name |   |
| Date of Birth |   | Gender |   |
| Address |   |
| Home phone |   | Aboriginal or TSI? | Choose an item. |
| Work phone |   | Main language? | Choose an item. |
| Mobile |   | Interpreter? | Choose an item. |
| Email |   |
| Australian Citizen? | [ ]  No[ ]  Yes  |
| Prefer contact by | [ ]  Video [ ]  Phone [ ]  SMS[ ]  Email [ ]  Post [ ]  Other  |
| Covid Vaccination Status | [ ]  Vaccination 1 [ ]  Vaccination 2 [ ]  Booster [ ]  Not vaccinated |

## Disability and medical details

|  |  |  |  |
| --- | --- | --- | --- |
| Sensory | Physical  | Neurological | Mental Illness |
| [ ]  Deaf[ ]  Hard of Hearing[ ]  Deafened[ ]  DeafBlind[ ]  Blind[ ]  Low vision[ ]  Sensory/Auditory Processing Disorder (SPD/APD)[ ]  Other sensory | [ ]  Hereditary[ ]  Congenital[ ]  Acquired[ ]  ABI/TBI[ ]  Epilepsy[ ]  Spinal Column Inju[ ]  Cerebral Palsy[ ]  Cystic Fibrosis[ ]  Multiple Sclerosis[ ]  Spina Bifida[ ]  Prader-Will Synd[ ]  Other physical | [ ]  ASD (Autism)[ ]  Intellectual Disability [ ]  Develop. Delay[ ]  Global DD[ ]  Fragile X Synd.[ ]  Down Syndrome[ ]  Other chromosomal[ ]  Other neurological | [ ]  Mood disorders  (such as depression or  bipolar disorder)[ ]  Anxiety disorders[ ]  Personality  disorders[ ]  Psychotic disorders  (such as schizophrenia)[ ]  Eating disorders[ ]  Trauma-related  disorders (such as  Post-Traumatic Stress  Disorder)[ ]  Substance abuse  disorders |
| Any other health issues or disabilities not listed above? *Please describe >*  |  |

## Referrer’s Details

|  |  |
| --- | --- |
| Name |   |
| Address |   |
| Work phone |   | Main language? | Choose an item. |
| Mobile |   | Interpreter? | Choose an item. |
| Email |   |
| Prefer contact by | [ ]  Video [ ]  Phone [ ]  SMS[ ]  Email [ ]  Post [ ]  Other  |

## Reason for Referral:

|  |
| --- |
|  |

## Current providers/history:

|  |
| --- |
|  |