



# COASTWIDE THERAPY SERVICES

Clinics at - Killarney Vale, Toukley, Wyoming & Woy Woy

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CLIENT DETAILS			
Name	Date of Birth		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not specified
Email	Mobile		
Address			
School Attended	Year / Class		
NDIS Funding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NDIS Number
Plan Start Date	Plan End Date		
How is the Plan Managed	<input type="checkbox"/> NDIA Managed	<input type="checkbox"/> Self Managed	<input type="checkbox"/> Plan Managed
Plan Manager Name (if applicable)			
CLIENT'S CONSENTER/CARER/GUARDIAN DETAILS			
Name	Relationship to client		
Contact Number	Email		
Living Arrangement ( <i>Group Home, Support Accommodation, Independently or with family</i> )			
Is a Parenting Order in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
CLIENT'S ADDITIONAL INFORMATION – please complete all fields. If a question is not applicable, please note as N/A			
Relevant medical concerns inc Anaphylaxis &/or allergies			
Diagnosis			
Does the client have mobility needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Medication(s)			
Country of Birth	Language(s) Spoken at Home		
Do you identify as Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Religion/ Culture/Custom
How does the client communicate?			
Pose risk to self or others (eg absconding, aggression etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Does the client have challenging behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Current Behaviour Support Plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copy provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you accessed Occupational Therapy previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx last date of service
Other Providers:			
<i>Background Information / Reason for referral and any urgency requests (Please explain the goals to be achieved)</i>			