CLIENT FORM - General

Please take a few moments to complete this form.
It provides us with some basic background information on your circumstances and needs.
This information remains CONFIDENTIAL and will help us prepare properly for your assessment.

CLIENT DETAILS

Name_____ Date of Birth _____

Current Address _____

Home address (if different) _____

Phone _____ Mobile _____

Email _____ Work _____

Condition _____ Date of Onset_____

Name of Support Person e.g. family member _____

Phone number: Home _____ Work _____

Mobile _____ Email _____

REFERER DETAILS

Name_____Position _____

Organisation _____

Phone _____ Mobile _____

Address _____

Email _____

Date of referral _____

FUNDING BODY (e.g. Insurance, health fund, LTCSA, other)

Contact Person_____ Position_____

Insurer/Funding Body _____

Phone _____Fax _____Email _____

Address _____

Claim OR ID Number _____

Medicare/Health Fund _____

PURPOSE OF REFERRAL

What are the specific areas of need that you would like us to address?

FURTHER DETAILS

Do you have problems in any of the following areas?

☐ *Physical abilities? If so, give details*

Including upper limb function:

☐ *Mobility? If so, give details*

☐ *Vision? If so, give details*

☐ *Speech? If so, give details*

☐ *Cognition? If so, give details*

☐ *Literacy? If so, give details*

EMPLOYMENT STATUS (if relevant)

Position _____ Hours / Days of work _____

Name of Employer _____

Contact Person _____ Tel: _____ Email _____

Work Address _____

Any difficulties experienced at work?

***EDUCATION STATUS** (if relevant)*

Current Year _____Time at institution _____ years

Main subjects _____

Is special support provided? ◯YES ◯NO. If YES, give details**:**

Name of School/College/University_____

School/College/University Address_____

Contact Person _____Tel:_____Email:_____

COMPUTER BACKGROUND

What type of computer have you been using (if any)? What operating system do you use ? (e.g., Windows XP, Vista, Windows 7 or Apple Mac)

What do you mainly use your computer for?
(If you don't have a computer, please indicate which of these activities may interest you.)

☐ Work	☐ Writing
☐ Playing games	☐ Email
☐ The Internet	☐ Study
☐ Home banking	☐ Photography/graphics
☐ Music	☐ Television, DVDs

Other_____

COMPUTER ACCESS

Describe the current difficulties you face in using a computer:

Can you type on a normal keyboard with:

◯ both hands	◯ a headstick or mouthstick	◯ finger/hand splint
◯ one hand	◯ one finger	◯ not at all

Can you use a mouse device? ◯YES ◯NO. If Yes, which type? _____

Do you use any specialist access software e.g. speech recognition. If yes, pleaser provide details

Have you ever had an assessment by anyone for computer access, or used any special access equipment? If so, please give details (attach report, if possible);

Any other comments

ENVIRONMENTAL CONTROL REQUIREMENTS

What devices/facilities at home are you are unable to control but would like to be able to control?

- ☐ Front door
- ☐ Telephone (landline)
- ☐ Telephone (mobile)
- ☐ Lights
- ☐ Fan
- ☐ Bed
- ☐ Air conditioner
- ☐ Heater
- ☐ TV
- ☐ DVD/video
- ☐ Music system
- ☐ Security system

Other _____

Do you wish to control these items from:

☐ From bed only ☐ From Living Room only ☐ From anywhere in the dwelling

PLEASE RETURN COMPLETED FORM TO:

Hartley Lifecare
Fax: 62825444
or email: leoniemayberry@hartley.org.au
or mail: PO BOX 5607, Hughes. ACT 2605