



Client Intake Registration Information

Client Details	
Full Name (<i>Mr/Mrs/Ms/Dr</i>)	
Date of Birth	
Gender	
Residential Address	
Postal Address (<i>if applicable</i>)	
Home Phone Number	
Mobile Number	
Email Address	
Aboriginal or Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your country of birth?	
Main language spoken at home?	
Emergency Contact Details	
Emergency Contact Name	
Best Contact Number	
Relationship to Client	
What do you want our response to be if we arrive and can't find you? <i>(e.g. call emergency contact / check with neighbour xx / contact doctor xx / etc)</i>	
Assessment	
<u>If you are under 65 years of age:</u>	
Do you usually drive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain your disability that is preventing you from accessing public transport.	
<u>If you are 65 years or older:</u>	
Do you reside in a Nursing Home Facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you usually drive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Circumstances	
Can you travel alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-If Yes, supply carer details -If Yes, you must always travel with a carer	
Do you live alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you receiving an Australian Govt Pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-If No what is your main source of income?	
Do you have a DVA card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your accommodation?	Own home, rental, independent living, Nursing home or other



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Mobility	
Are you able to walk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you get to places within walking distances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you take portable oxygen when travelling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to get yourself in and out of a vehicle without assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use any walking aids? (<i>e.g. walking stick, wheelie walker</i>).	Yes <input type="checkbox"/> No <input type="checkbox"/> Type:.....
Referral Sources	Self, GP, Community Health Services, Hospital, other,
Explain the need for the service	
Information	
For Over 65s to be eligible to access the services, your information will be referred to My Aged Care, who will be in contact to conduct further needs assessment.	
All eligible client information is reported to State or Federal Governments as part of contractual government reporting.	
How did you hear about us?	
Office Use only	
Client contacted to confirm their individual need	Yes <input type="checkbox"/> No <input type="checkbox"/>
Client contacted to confirm their eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>