***Client Enquiry Form***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer Details** | | | | | | | |
| Referring organisation if applicable: |  | | | | | | |
| Referrer name: |  | | | | | | |
| Contact Number: |  | | | | | | |
| Email: |  | | | | | | |
| **Prospective Client Details** | | | | | | | |
| Name: |  | DOB: | |  | | Gender: |  |
| Current Address: |  | | | | | | |
| Contact Numbers: | Home: | | Mobile: | | | | |
| Email: |  | |  | | | | |
| Names of guardians/representative: |  | | | | | | |
| Contact Number: |  | | | | | | |
| Email: |  | | | | | | |
| Current placement, if so, where: |  | | | | | | |
| Diagnosis Information: |  | | | | | | |
| Medical History: |  | | | | | | |
| **Consent and Mental Capacity** | | | | | | | |
| Is the person capable of making choices about participation, ADL’s and assistance? | | | | | |  | |
| **Communication** | | | | | | | |
| Communication problems and needs: |  | | | | | | |
| The existing modes used, including adaptive software: |  | | | | | | |
| Behaviour triggers or anxieties around communication: |  | | | | | | |
| Support Requirements | | | | | | | |
| Personal care requirements | Is personal care required? | | | | Yes  No | | |
| If yes, is a particular member of staff preferred? | | | | Male  Female  Either | | |
| Travel | Can the client travel independently? | | | | Yes  No | | |
| Problematic Behaviours  *Detail any troubling behaviours, noting their causes and strategies for handling them.* |  | | | | | | |
| Health and Fitness | Does the client have mobility issues? | | | | | Yes  No | |
| If yes, does the client require the use of any mobility equipment or need assistance? | | | | | | |
| Are there any physical limitations, that could impact the client's ability to engage in health and fitness activities? If so, please describe: | | | | | | |
| Other Support Needs |  | | | | | | |
| List the **skills and development areas** the client wishes to explore for their personalised support. | | | | | | | |
| **Additional Information** | | | | | | | |
| **Include any pertinent documents or past evaluations if you have them**  **Documents Attached** | | | | | | | |