***Client Enquiry Form***

|  |
| --- |
| **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** [ ]  |