



# Client Details Form

Please complete the following and submit via email.  
Filling out this form will guide us to make the right decisions on what equipment to recommend and streamline the booking and assessment process.

Version 3 est. 2022

The orange coloured section is essential basic information we need to book any appointments

Date:

## CLIENT DETAILS:

Name:

Preferred Name:

Gender/pronoun:

Contact number:

Date of birth:

Email:

Address:

NDIS No:

How is your funding managed:

My passions/hobby:

## CARER/PARENT OR LEGAL POWER ATTORNEY:

Name:

Email:

Contact number:

Relationship to client:

## NDIS COORDINATOR:

Name:

Company:

Contact number:

Email:

## THERAPIST DETAILS:

Name:

Company:

Contact number:

Email:

Mobile number:

Be included on our email list: Yes No

Days of work:

Patient goals:

Caregiver goals:

Notes:

## CLIENT MEASUREMENTS

## DATE OF MEASUREMENTS:

Client measurements will help us bring the correct equipment, and the correct size. Filling in these details will aid us in completing a successful assessment. The highlighted blue are the essential measurements we need when trialling mid to complex equipment. The more details you can provide the better.

Height:

Weight:

(A) Lower Leg : L mm R mm

(B) Seat Depth : L mm R mm

(C) Lower trunk depth mm

(D) Shoulder height mm

(E) Axilla Height mm

(F) Chest Depth mm

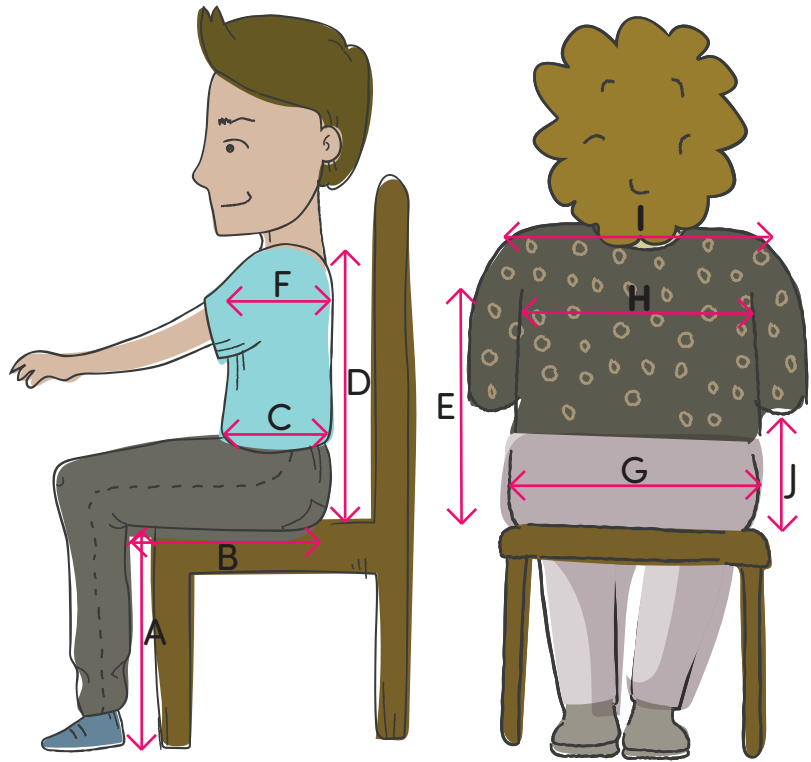
(G) Hip Width mm

(H) Chest Width mm

(I) Shoulder Width mm

(J) Armrest Height mm

Seat to Back Angle mm



Client Photos:

if available

## WHEELCHAIR SETUP DETAILS ( only relevant to wheelchair trials)

Wheelchair Type:

Self propelled

Manual

Manual with power assist

Tilt in space

Motorised

Backrest type:

Cushion type:

Extra notes on seating:

Controls ( relevant to motorised chairs only)

User controls: Right hand

Left hand

Amputee:

Left

Right

Attendant controls: Right hand

Left hand

Stability aids required:

Laterals

Pommel

Hip guides

belts/harnesses

Headrest

Extra notes for stability aids: