



Client Details Form

Client Details

Name:	Date of Birth:		
Gender:	Stage of Development:		
NDIS nr:	Managed: Agency/Plan/Self		
Home Phone:	Mobile Phone:		
Work Phone:	Email Address:		
Cultural Background:	Country of Birth:		
Preferred Language:	Interpreter Required? <input type="radio"/> Yes <input type="radio"/> No		
Address:			
FOR EQUINE PROGRAM PURPOSES			
Height:	Weight:	Shoe size:	T-shirt size: S/M/L/XL

- **Wear tights for riding**
- **Wear riding boots**
- **Wear riding helmet for safety**
- **(Obtainable from Saddleworld through AHAF for 20% reduced fee.)**

Guardian Details (if applicable)

Name:	Date of Birth:
Home Phone:	Mobile Phone:
Work Phone:	Email Address:
Address:	

Risk Factors / Alert Issues



Medical History

Presenting Issues / Problems / Behaviours of concern

Other Relevant Current and Historical Information

Presenting Disabilities

Client / Guardian Declaration

I consent to my information being provided to Angel House Australia for the purposes of referral, service delivery and inclusion in de-identified data reporting.

Full Name

Date

Signature of Client/Guardian