



## Client Application

Client Information	
Name	
NDIS	Plan Managed <input type="checkbox"/> Self Managed <input type="checkbox"/> NDIA Managed <input type="checkbox"/>
Date of Birth	
Gender	
Home Address	
Country of birth	
Cultural Background	
Main language spoken at home	
Does the client a formally diagnose disability	<input type="checkbox"/> Yes  Diagnosis: Date of diagnosis: Physician:
	<input type="checkbox"/> No
Prescribed medications	



Best person to contact	
Best way to contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post

## Therapy Information

<b>Preferred location(s) for therapy</b> *tick all that apply	<input type="checkbox"/> Home <input type="checkbox"/> School * prior approval from principal required (please provide name and address of school) _____ <input type="checkbox"/> Community <input type="checkbox"/> Daycare/preschool (please provide name and address) Other: _____
<b>Current educational placements</b>	<input type="checkbox"/> Daycare/preschool <input type="checkbox"/> Early Intervention classes (NSW) Primary <input type="checkbox"/> Primary School <input type="checkbox"/> High School School for Specific Purpose (SSP) Other:  <b>Address:</b> _____ _____



**Client availability for therapy sessions: \*Tick all available slots**

	Tuesday	Wednesday	Thursday
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After school (3pm onwards)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Services Required**

Behaviour Support ☐ EIBI (Early intensive behavioural intervention) ☐

School Readiness ☐ Social skills ☐ Telehealth ☐

Parent training ☐ Teacher training ☐

Other: \_\_\_\_\_



**Client Goals:**

Please list your top 5 priorities that you would like to focus on through behaviour therapy

1.	
2.	
3.	
4.	
5.	

**Likes and Dislikes**



### **Additional Information**

Please provide any additional information that you would like to share with True Ability Therapy