



## Client Application

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



<b>Best person to contact</b>	
<b>Best way to contact</b>	<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:  Address: _____



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

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

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### **Additional Information**

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