**DETAILS OF CLIENT HEALTH INFORMATION**

1. CLIENT INFORMATION:

Full name:

Gender:

Address:

Phone number:

Email:

Cultural background:

Preferred language:

Interpreter required: Yes/No

1. DETAILS OF PRIMARY CARER/GUARDIAN

Full name:

Relationship

Phone number:

Email:

Address:

1. HEALTH CONDITION BACKGROUND

Risk factors

Alert issues

History of medical background

Declaration of primary carer/guardian

*I consent to my personal health information being collected by A&H Care Services Pty Ltd in line with NDIS for the purposes of establishing support services, referral and data report.*

|  |  |
| --- | --- |
| Full Name | Date |
| Signature of Client/Guardian | |