

OFFICE USE: Client ref: ..... Order ref: ..... Quote Ref: .....

**Please fill in ALL fields to avoid unnecessary time delays in processing your application.**

<b>1. CLIENT: Title</b> .....	Home: .....	Org.: .....
<b>Surname:</b> .....	Work: .....	Address: .....
First Name: .....	Mobile: .....	.....
DOB: ...../...../..... <input type="checkbox"/> F / <input type="checkbox"/> M	Fax: .....	E-mail: .....

<b>2. REFERRER: Title</b> .....	Home: .....	Org.: .....
<b>Surname:</b> .....	Work: .....	Address: .....
First Name: .....	Mobile: .....	.....
Job Title or Role: .....	Fax: .....	E-mail : .....

<b>3. CONTACT PERSON: Title</b> .....	Home: .....	Org.: .....
<b>Surname:</b> .....	Work: .....	Address: .....
First Name: .....	Mobile: .....	.....
Relationship: .....	Fax: .....	E-mail : .....

Send quote to  client  referrer  contact person      Language spoken at home:

**4. MEDICAL DETAILS:**  
**Diagnosis:** .....  
**Previous Medical History:** .....  
 .....  
**Medications:** ..... Client's height: \_\_ cm Weight: \_\_ kg

**\*\*\*\*READY TO GO(RTG) OR STANDARD SIZE EASY TO ORDER (ETO) - please go to question 9\*\*\*\***

**5. Functional Issues:** .....  
 .....  
 .....  
 .....

**6. DESCRIPTION OF PROBLEM: (please attach clinical assessments if necessary)** .....  
 .....  
 .....  
 .....

**7. CLIENT IDENTIFIED GOALS: (relating to this modification/custom item)** .....  
 .....  
 .....  
 .....

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**8. COMMERCIALY ACCESSIBLE OPTIONS INVESTIGATED: (please give details of what and why it was not successful)** .....

.....  
.....  
.....  
.....  
.....

**9. PROPOSED SOLUTION or REQUESTED ITEM: (please attach TADaid dimension sheets or personal sketches with dimensions if applicable)**

.....  
.....  
.....  
.....  
.....  
.....

**10.A therapist (OT or PT) is involved on an ongoing basis with this client:** .....  (please tick)  
**Dimensions sheet attached (for Easy to Order Items):**.....  (please tick)  
**Attachments: (including photos, drawings, assessment report):** .....  (please tick)

**11. How did you hear about TAD Disability Services?**

<input type="checkbox"/> Community Information Service	<input type="checkbox"/> Print media	<input type="checkbox"/> Volunteering organisation
<input type="checkbox"/> Donation appeal/fundraising	<input type="checkbox"/> Facebook / Twitter	<input type="checkbox"/> Health professional / Disability organisation
<input type="checkbox"/> Display/talk	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Journal/Brochures
<input type="checkbox"/> Web	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other:

**11. For a copy of our Consumer Guide and Privacy Policy visit [www.tadnsw.org.au](http://www.tadnsw.org.au) or telephone (02) 9912 3400 or 1300 663 243**

I have read the consumer guide and agree to the terms of the Privacy Policy

SIGNATURE:..... PRINT NAME:..... Date: / /

On behalf of.....(if client unable to sign)

**NB: If you sign on behalf of a client you are confirming that the client has been given a copy of the Privacy Policy and Consumer Guide documents.**