

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

Please fill in ALL fields to avoid unnecessary time delays in procession application.

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

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

3. CONTACT PERSON: Title	Home:	Org.:
Surname:	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

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 AVAILABLE OPTIONS INVESTIGATED: (please give details of what and why it was not successful)

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

9. PROPOSED SOLUTION: (please attach TADaid sheets or personal sketches with dimensions)

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

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 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.