



Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

## CLIENT PROFILE

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_

Siblings Name & Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Principal: \_\_\_\_\_ Class teacher: \_\_\_\_\_

Disability/Challenges- Diagnosis: \_\_\_\_\_

### Health care needs:

|                  |
|------------------|
| Medication       |
| Eating           |
| Toileting        |
| Positioning      |
| Allergies        |
| Behaviour        |
| Communication    |
| Health Care Plan |

### Interests:

\_\_\_\_\_  
\_\_\_\_\_

### Excursion suggestions:

\_\_\_\_\_  
\_\_\_\_\_

### Travel needs:

Has a plus One free Companion Card                      yes/no

Has access to Cab Vouchers for excursions              yes/no

### Booking Requirements:

ASC                       Mon, Tues, Wed, Thurs, Fri

Vacation Care     Number of days per week \_\_\_\_\_

### Office Follow Up:

|                            |                          |
|----------------------------|--------------------------|
| Send out enrolment package | <input type="checkbox"/> |
| ASC / Vac booking request  | <input type="checkbox"/> |
| Phone Call                 | <input type="checkbox"/> |
| School Visit               | <input type="checkbox"/> |