

Registration Form

Client Information

First name: _____ Last name: _____ Date of Birth: _____

Residential address: _____

Suburb: _____ Postcode: _____ State: _____

Postal address: _____

Suburb: _____ Postcode: _____ State: _____

Guardians

First name: _____ Last name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Email: _____

Please check your preferred method of contact

First name: _____ Last name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Email: _____

Please check your preferred method of contact

Further Information

General practitioner/Paediatrician: _____

Other involved Allied Health Professionals:

Speech Pathologist: yes no

Name of institution: _____ Therapist name: _____

Physiotherapist: yes no

Name of institution: _____ Therapist name: _____

Psychologist: yes no

Name of institution: _____ Therapist name: _____

Others (please specify): _____

Name of institution: _____ Therapist name: _____

Educational institution (school, preschool, day care)

Medical Information

Diagnosis/medical condition: _____

Allergies: _____

Referral reason: _____

Insurance details

Please fill in if applicable

Are you a participant of the NDIS? yes no NDIS number: _____

Transdisciplinary package Self-managed package NDIS managed package

Private Health Care Fund: _____ Membership number: _____

Medicare number: _____ Issue No: _____ Ref No: _____ Expiry Date: _____

How did you hear about Little Hands Occupational Therapy?

Internet: Google Facebook Others _____

Advertising: Flyer/Business card Car Signage Article Advertisement in paper

Personal recommendation: Friend Professional (individual or institution) _____

Provider list: NDIS OT Australia Others _____

Your Privacy & Medical Information

Little Hands Occupational Therapy collects information about your child from you for the primary purpose of providing quality intervention. We require you to provide us with your personal details and relevant medical history so that we may properly assess and treat your child. Your details will be used to create a confidential record, both in hard and soft copy, to document information obtained during the period of intervention. Your confidential information will be stored securely and in compliance with the Information Privacy Act 2014 and the Health Records (Privacy and Access) Act 1997 (ACT). Upon commencement of service you will be able to specify in a separate consent form whom Little Hands Occupational Therapy is permitted to release information to.

I have read and understood the above information regarding my medical information.

Signature: _____ Date: _____

Thank you for your time

Little Hands Occupational Therapy