



New Client Registration

Client Name: _____ Date of birth: __ / __ / __

Address: _____

Contact Number: _____

Is it ok to send text messages to your mobile? Yes / No

Email address: _____

Primary Language Spoken at home/cultural background:

Are you of Aboriginal or Torres Strait Islander heritage? _____

Is your child a NDIS Participant? Yes / No NDIS No: _____

Start Date: _____ End Date: _____

School/Daycare/Preschool

Name: _____

Contact number: _____

Contact name: _____

Days attended: _____

Mother's Details

Primary Carer: Yes / No

First Name: _____

Last Name: _____

Address: _____

Contact Number: _____

Email address: _____

Father's Details

Primary Carer: Yes / No

First Name: _____

Last Name: _____

Address: _____

Contact Number: _____

Email address: _____

Other Contact Details

Primary Carer: Yes / No

First Name: _____

Last Name: _____

Address: _____

Contact Number: _____

Email address: _____

Legal Status

Are there any Family Court Orders / Adoption / Children's Court LTG Orders in place? If so, please give details.

Approved Foster Carer / Kinship carer:

Name of Organisation: _____

Case Worker: _____

Phone: _____

Child Protection Order: _____

Medical Details:

General Practitioner Name: _____

Contact number: _____

Paediatrician name: _____

Contact Number: _____

What other therapies does your child attend?

Does your child have any medical conditions?

Does your child have any allergies?

Does your child have any special dietary requirements?

Primary Concerns

Please briefly outline what your primary concerns are for your child?

