



# Client Details Form

## Client Details

Name:	Date of Birth:		
Gender:	Stage of Development:		
NDIS nr:	Managed: Agency/Plan/Self		
Support coordinator:	Plan Manager:		
Home Phone:	Mobile Phone:		
Work Phone:	Email Address:		
Cultural Background:	Country of Birth:		
Preferred Language:	Interpreter Required? <input type="radio"/> Yes <input type="radio"/> No		
Address:			
<b>FOR EQUINE PROGRAM PURPOSES</b>			
Height:	Weight:	Shoe size:	T-shirt size: S/M/L/XL

- **Wear tights for riding**
- **Wear riding boots**
- **Wear riding helmet for safety**
- **(Obtainable from Saddleworld through AHAF for 20% reduced fee.)**

## Guardian Details (if applicable)

Name:	Date of Birth:
Home Phone:	Mobile Phone:
Work Phone:	Email Address:
Address:	



**Risk Factors / Alert Issues**

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**Medical History**

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**Presenting Issues / Problems / Behaviours of concern**

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**Other Relevant Current and Historical Information**

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**Presenting Disabilities**

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**Client / Guardian Declaration**

*I consent to my information being provided to Angel House Australia Foundation for the purposes of referral, service delivery and inclusion in de-identified data reporting.*

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Full Name

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Date

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Signature of Client/Guardian