



Rayze New Client Form

CLIENT DETAILS:

First Name:

Surname:

Date of Birth:

Current Age:

Gender:

Preferred Pronouns:

Mobile:

Email Address:

Address:

Postcode:

Wheelchair Access Required?

Yes

No

Current Diagnoses:

If none, leave blank

Medications:

School (current, NA if not applicable):

Teacher:

Employer (current, NA if not applicable):

Position:

Do you have an AVO/DVO current or inactive?

Yes

No

Please email relevant documents - admin@supersaurus.com.au. Rayze/Supersaurus is a Child Safe Practice



FURTHER CLIENT DETAILS:

Current Treating Specialists Therapists:

Doctor:

Psychiatrist (or Paediatrician if current):

Practice:

Practice:

Allied Health:

Name/Practice:

Type (i.e. Occupational Therapist)

Co-ordinator of Supports: *if applicable

Full Name:

Mobile:

Company:

Email Address:

NEXT OF KIN DETAILS:

Primary Contact:

First Name:

Mobile:

Surname:

Relationship to Client:

Address:

Email Address:

Secondary Contact:

First Name:

Mobile:

Email Address:

Surname:

Relationship to Client:

Emergency Contact (who we should contact in case of emergency):

Full Name:

Mobile:

In providing these details, you give Rayze/Supersaurus permission to contact in the case of emergency.



NDIS DETAILS

I do not/Client does not have NDIS

NDIS Number:

Type of NDIS:

Plan Manager:

Plan End Date:

Please email a copy of your current plan to admin@supersaurus.com.au

GOALS FOR THERAPY - please review our website to know the therapies presently on offer:

Reason(s) I am contacting Rayze

AUTHORISATION TO EXCHANGE INFORMATION:

**If completing on behalf of another person, they will need to complete a Consent Form on our webpage*

By signing this form, I agree that Rayze/Supersaurus can exchange information with:

Name:

Relationship:

Form completed by:

Name:

Date:

Signature:

If not completed by self:

Relationship to the Client:

Email Address: