



Lifestyle Therapies & Training Solutions

...passionate about Allied Health in Queensland!

General Intake Form

ALL SECTIONS MUST BE COMPLETED AND SENT TO ADMINISTRATION@LTTS.COM.AU

Section A: Client Referral Details

Full Name:		D.O.B: ____ / ____ / ____
Sex:	Identified Gender: <i>(if applicable)</i>	Preferred Pronouns:
Address:		Town:
Contact Number:	<input type="checkbox"/> Receive appointment reminders via text	
Email Address:		
Living Arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> Family/Partner <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Other: _____		
Does the client identify as an Aboriginal or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the client referring themselves? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If No, complete Section B and C)</i>		

Section B: Referrer/ Case Manager Details

Name of Referrer/ Support Coordinator:			
Name of Organisation (if applicable):			
Relationship to Client:	<input type="checkbox"/> Family (please specify member: _____)	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Case Manager <input type="checkbox"/> Other: (please specify: _____)
Contact Number:	<input type="checkbox"/> Primary contact for all appointments		
Email Address:	<input type="checkbox"/> Receives Reports		
Alternate Contact/Nominee Name:		Contact Number:	
Guardian Details (if applicable)			
Guardian Name:		Contact Number:	
Guardian Email Address:			



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Section C: Primary Disability/Reason for Referral **Required*

Please provide some information on the client's primary disability or concern. This will allow us to find the most suitable practitioner.

If this client has a confirmed diagnosis, please specify here:

Section D: Services Seeking

Discipline Type: Occupational Therapy Speech Pathology Psychology Exercise Physiology

Please tick which type of service you are seeking:

Private Therapy:

Regular, ongoing therapy funded privately.

Summary Assessment:

A shorter assessment that includes an Assessment Appointment (60 minutes) and a report of findings and recommendations.

Comprehensive Assessment:

A longer, more detailed assessment that includes an Assessment Appointment (60-120 minutes), and an extensive report of findings and recommendations.

Important Information: Costs for these sessions are subject to location and duration of services. For individualised quotes, please contact our administration team.

Extra Comments/Additional Information:



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Section E: Eligibility and Risk Screen

Is this client open to engaging with Telehealth (online) services? Yes No

Does this client have access to Telehealth (online) facilities? Yes No

Does this client have communication difficulties? Yes * No Is this client verbal? Yes No

**If this client has communication difficulties, please provide further detail here:*

Does this client make their own decisions? Yes No *

**If no, who supports this client in their decision making?*

Are there any legal arrangements in place for this client (e.g. court orders/custody)? Yes * No

**If yes, please specify details here:*

Section F: Payment Details

Name of Payer:

Email address invoices will be sent to:

Are there any external agencies (OPG/CSO/etc.) involved with this client? Yes * No

**If there are any external agencies involved, please specify here:*

Additional Comments: