



SHIRE OF DUMBLEYUNG

ABN: 76 703 105 276

Address: 32 Harvey Street, Dumbleyung WA 6350
Postal Address: PO Box 99, Dumbleyung WA 6350
Phone: 9863 4012 Email: enquiries@dumbleyung.wa.gov.au
Website: www.dumbleyung.wa.gov.au

CLIENT PROFILE FOR C.A.T.S BOOKING

CLIENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ MOBILE: _____

DOB: _____

EMERGENCY CONTACT: Name: _____ Ph: _____

MEDICAL CONDITIONS: Do you suffer from any of the following?

<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> EPILEPSY
<input type="checkbox"/> INCONTINENCY	<input type="checkbox"/> MENTAL HEALTH ISSUES
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> DIABETES
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> EXISTING INJURIES
<input type="checkbox"/> MIGRAINES	<input type="checkbox"/> OTHER

SPECIFICS OF YOUR CONDITION & ANY MEDICATION? – (Please list): _____

ALLERGIES: _____

HEARING:

<input type="checkbox"/> NORMAL	<input type="checkbox"/> WEARS HEARING AID
<input type="checkbox"/> POOR WITH AID	<input type="checkbox"/> POOR WITHOUT AID

EYESIGHT:

<input type="checkbox"/> NORMAL	<input type="checkbox"/> EARS GLASSES/CONTACTS
<input type="checkbox"/> LIMITED – Specify: _____	

MOBILITY:

<input type="checkbox"/> WALKS UNAIDED	<input type="checkbox"/> WALKS WITH AID
<input type="checkbox"/> WALKS 50M	<input type="checkbox"/> CAN NOT WALK 50M
<input type="checkbox"/> USES WHEELCHAIR ALL THE TIME	<input type="checkbox"/> USES WHEELCHAIR OCCASIONALLY



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DOES CLIENT REQUIRE A CARER? YES / NO

IF YES PLEASE SUPPLY DETAILS OF CARER:

NAME: _____

CONTACT NUMBER: _____

THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT:

NAME: _____

SIGNATURE: _____

DATE: _____