COMMUNITY TRANSPORT
RYDE HUNTERS HILL
9816 5000

CLIENT REGISTRATION/ASSESSMENT FORM - CONFIDENTIAL

PART A Please complete information and circle correct answer where appropriate.

Mr/Mrs/Miss/Ms/Dr	Given Name:			Family Name:
Date of Birth: / /		Age:	Male/Female	
Usual Address:				
				Postcode:
Telephone:		Mobile:		Email:
Current Address (if different):				
				Postcode:

PART B

Emergency Contact:	Telephone:	Relationship:
Doctor's (GP) Name:	Doctor's Telephone:	Medicare No:
Are you Aboriginal or Torres Strait Islander? YES/NO	Country of Birth:	
Main Language:	Do you have cultural or linguistic needs? YES/NO If yes, please state:	
Do you live alone? YES/NO Whom do you live with?	Do you have a carer? YES/NO If Yes, complete **PART F**	

PART C

Income: Type of Pension: Aged / DVA / Disability/Other Full Pension/Part Pension (please circle and write number below) If DVA Pension: Gold Card / White Card / Other Pension No: .....
Living Arrangements: Home: Owned / Private Rental / Public Rental / Other.....

PART D – What is your ability to:

Do HOUSEWORK?	Without Help / With Help / Completely Unable
Get places further than walking distance? (TRANSPORT)	Without Help / With Help / Need specialised vehicle or ambulance
Go out for SHOPPING for groceries and clothes?	Without Help / With Help / Completely Unable
Take your own MEDICATION?	Without Help / With Help/ Completely Unable
Handle own MONEY?	Without Help / With Help / Completely Unable
To WALK? ie. walking stick, frame, wheelchair	Without Help / With Help/ Completely Unable
To BATHE/SHOWER?	Without Help / With Help / Completely Unable
DRESS yourself?	Without Help / With Help / Completely Unable
EAT?	Without Help / With Help / Completely Unable
Go to the TOILET by yourself?	Without Help / With Help / Completely Unable
To get out of BED and MOVE around?	Without Help/With Help Sometimes/With Help Always
Do you need help to communicate?	No / Sometimes / Always

PTO - Please complete PART E & F(if applicable) & sign PART G

PART E (please tick boxes) (please circle)

Do you have any health issues that will affect service delivery? Please state: ..... ☐ Visual Impairment ☐ Poor-Balance ☐ Memory-Loss ☐ Incontinence ☐ Obesity ☐ Other	YES/NO
How much do you weigh? ☐ Under 100kg ☐ 100-130kg ☐ 130-150kg ☐ Over 150kg Do you require ☐ Bariatric seat ☐ Extension seatbelt	Please tick boxes
Do you use: ☐ **Walking Stick** ☐ **Walking Frame** Is Walking Frame collapsible? Can you navigate 2 (low) steps in/out of our bus?	YES/NO YES/NO/UNSURE
Do you use Wheelchair: If yes, ☐ **Manual** ☐ **Electric** Is Wheelchair collapsible? Wheelchair Weight: ☐ **<100kgs** ☐ **>100kgs** Can you transfer independently to vehicle?	YES/NO YES/NO/UNSURE
If you answered "Unsure" for any of the above, would you like an on-site assessment?	YES/NO
ACCESS TO HOME: Is it safe for our vehicle to stop outside your home? Please state ALL access difficulties:	Car YES/NO Bus YES/NO
Do you need front seat of car?	YES/NO
Do you need back seat of car?	YES/NO
Can you travel in a taxi?	YES/NO
Do you have ☐ Guide Dog ☐ Oxygen Cylinder ☐ Other:	N/A
How did you find out about us? ☐ Website ☐ Newspaper ☐ Friend/Family ☐ Health Professional ☐ Letterbox drop ☐ Other	
I require transport for: Medical / Social / Shopping / Access to:	

PART F - CARER DETAILS

Carer's Given Name:		Carer's Family Name:	
Carer's Date of Birth: / /		Male/Female	
Carer's address:			
	State:	P/Code:	Phone:
Carer Country of Birth:		Main Language:	
Is Carer Aboriginal or Torres Trait Islander?	YES/NO	Does Carer care for more than one?	YES/NO
Carer Residency Status: Co-resident Carer / Non-resident Carer			
Client/Carer Relationship: Friend or neighbour / Other relative / Parent /Son or Daughter			
Will Carer be travelling with you?			YES/NO/SOMETIMES

PART G – Please sign

I understand that by using this service I consent to Ryde Hunters Hill Community Transport accepting "My Aged Care" referral (if applicable) and reporting non-identifying information to funding bodies for planning and statistical purposes. I understand that I will be notified in writing of the success or otherwise of my assessment and that I will receive an information welcome letter and a copy of the Passenger Handbook outlining my rights and responsibilities. I understand that from time to time photos or videos may be taken during the course of our activities and used for promotional purposes.

Signature..... Date.....

* I have already registered with "My Aged Care". My ID number is:.....

Please note: From 1.7.15 all applicants over the age of 65 must register via "My Aged Care" on 1800 200 422.
Please request **"Community Transport, Ryde Hunters Hill"** as your preferred Service Provider.

Please complete and return to: Ryde Hunters Hill Community Transport Assoc. Inc PO Box 162, Gladesville, 1675 Forms can be downloaded from www.rhhct.org.au	Telephone: 02 9816 5000 Fax: 02 9816 5044 Email: info@rhhct.org.au

OFFICE USE ONLY: ☐ HB sent ☐TMA ☐ TRIPS ☐ SP ☐ Member ☐ Welcome Let ☐ MAC Registered
Date/Initial: