

QUESTIONNAIRE FOR RWCTG PROSPECTIVE CLIENTS

First Name: Last Name:

Address (Current):

Address (Usual):

Email:

Phone Number

Home: Mobile:

Emergency Contact Person

Name: Phone: Relationship:

Doctor/GP

Name: Phone Number:

Gender Male Female Date of Birth

Indigenous Status

Aboriginal origin Torres Strait Islander origin Aboriginal or Torres Strait
 Neither Aboriginal or Torres Strait Islander origin Islander origin

Country of Birth: Main language spoken at home:

Do you have a carer? If yes, we will require some basic information about the carer.
(separate Form)

No Yes

Living arrangements

Lives alone Lives with family Lives with others

Pension

Aged Disability Support None Other please specify

DVA Card

Gold White Other None

Accommodation Setting

Private Rental Public Rental Privately Owned/Purchasing

Ability to do housework

Without Help With Some Help Completely Unable

Ability to get places further than walking distance

Without Help With Some Help Completely Unable

Ability to shop for groceries or clothes

Without Help With Some Help Completely Unable

Ability to handle money

Without Help With Some Help Completely Unable

Ability to Take own medication

Without Help With Some Help Completely Unable

Ability to walk

Without Help With Some Help Completely Unable

Ability to Bathe Shower

Without Help With Some Help Completely Unable

Ability to dress themselves

Without Help With Some Help Completely Unable

Ability to eat

Without Help With Some Help Completely Unable

Ability to use the bathroom

Without Help With Some Help Completely Unable

Does client have memory confusion problems No Yes

Does client have behavioral problems No Yes

Does client need help to communicate

No Yes - Sometimes Yes - Always

Does client need help to get out of bed/move around

- No Yes – Sometimes Yes – Always

Does the client use a walking aid

- No Walking Stick Walking Frame Wheel Chair

Please State any relevant Health Issues that our driver should be aware of:

e.g. Hearing, Allergies, Incontinence, Diabetes etc.

These next set of questions are for OH & S issues pertaining to our drivers

Can you get yourself independently to and from the car/bus from your home?

- Yes No With Help

Can you manage 2 steps if required on a journey?

- Yes No With Help

Can you manouver in and out of a car and a bus?

- Yes No With Help

Can you manage alone once at your destination?

- Yes No With Help

Is a carer going to accompany you on any of your journeys?

- Yes No

Will you travel with a mobility aid?

- Yes No

Reason for transport to/from medical appointments?

- Yes No

All personal information disclosed to us will be strictly private and confidential and will not be given to any other agency without your specific request or consent. We are funded by TfNSW who do require some statistical information only, e.g. average age of our clients, country of birth etc. We need your consent to allow TfNSW to retrieve this statistical information. Please sign.

Yes I give consent for statistical information only to be shared with TfNSW

Please Sign:..... Date:.....