

PLEASE COMPLETE THE BELOW INFORMATION TO HELP WITH TRANSITION INTO THE R&Os SERVICES.

Full name	
I like to be called	
Date of birth	
Parent / Legal guardian (Full names)	
Address	
Email	
Phone	
Other family members / pets	

CHILD FULL NAME:

DOB:

DEVELOPMENTAL HISTORY.

Please answer yes or no to the following, if yes provide necessary details:

Communication (verbal / non-verbal, pod book, communication device, sign language)	
Is your child familiar with particular words / phrases?	
Is your child an auditory seeker / avoider?	
Vision (Glasses or contacts)	
What are your child's toileting requirements?	
Does your child require any assistance with eating or drinking?	
Does your child like sensory play?	
Can your child mobilise themselves? (Mobility aids)	
Are hoists and slings used (if yes please indicate if you can send these to care)	
Sleeping habits	

CHILD FULL NAME:

DOB:

BACKGROUND INFORMATION.

Goals	
Interests	
Fears	
Strengths	
Challenges	
Strategies / Language used	
Common behaviours	
Triggers for meltdowns	
Things that help when distressed	

CHILD FULL NAME:

DOB:

HEALTH REQUIREMENTS.

Please answer yes or no to the following, if yes provide necessary details:

	YES / NO	DETAILS if YES (please attach any additional information)
Allergies / Sensitivities (Food and non-food)		
Dietary Requirements		
Asthma or Breathing Issues		
Regular Medication		
Anaphylaxis / EpiPen / AnaPen		
Gastrostomy / NG Feeding Tube		
Epilepsy / Seizures (When was the last seizure)		
Significant illness or infections (approximate dates)		
List of surgeries or hospitalisations (approximate dates)		
Emergency Management Plan		

CHILD FULL NAME:

DOB:

HEALTH REQUIREMENTS CONTINUED.

Diagnosis:
.....
.....

Additional Health Details:
.....
.....

Care Team Contact Details (OT, Speech Pathologist, Behaviour Specialist etc.):
.....
.....

PARENT / LEGAL GUARDIAN CONSENT.

- | | | |
|-------------------|---|-----------------------------|
| Allowed Sunscreen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allowed Photos | <input type="checkbox"/> Yes (social media) | <input type="checkbox"/> No |
| Community access | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent / Legal Guardian Signature: Date:

I/we agree to sharing information and documentation previously provided to my child's care team /or Ruby & Ollie's All Abilities care. We understand that this means that my/our child's documentary evidence will be disclosed and transferred between services to support with their ongoing care and support needs.

- Yes No

Parent / Legal Guardian Signature: Date:

CHILD FULL NAME:

DOB:

PLEASE COMPLETE THE BELOW ENROLMENT DETAILS.

NDIS Contact details: please indicate which ever applies and best email address for contact	PLAN MANAGED	SELF MANAGED
NDIS Participate Number		
NDIS plan start / finish dates		
Additional Information		

A service agreement will be provided.

CHILD FULL NAME:

DOB: