COMMUNITY ASSISTED TRANSPORT SERVICE – CLIENT PROFILE FORM

(FCCS081)

Shire of Narrogin
Love the life

89 Earl Street
PO Box 1145
Narrogin WA 6312

(08) 9890 0900

www.narrogin.wa.gov.au
enquiries@narrogin.wa.gov.au

CASHIER HOURS:
8:30am – 4:30pm
MONDAY- FRIDAY

CLIENT DETAILS

Name			
Date of Birth		Phone Number	
Address			
Medicare Card Number		Expiry date	
Concession Card Number		Expiry date	

CARER DETAILS *(a person accompanying you during the service)*

Name		Phone Number	

EMERGENCY CONTACT DETAILS

Name		Phone Number		Relationship	

In the event of an emergency, do you give the volunteer driver permission to contact your emergency contact if you are unable to do so and emergency services? ☐ Yes ☐ No

MEDICAL INFORMATION *(Please tick any that apply and give details below)*

☐ Diabetes	☐ High Blood Pressure	☐ Epilepsy	☐ Arthritis	☐ Continence
☐ Mental Health	☐ Heart Condition	☐ Smoker	☐ Other	
Details & Medication:				
General Practitioner		Pharmacy		

ALLERGIES ☐ No ☐ Yes: Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

HEARING ☐ Normal ☐ Some Hearing loss ☐ Difficulty hearing with hearing aids

EYESIGHT ☐ Normal ☐ Glasses ☐ Limited Specify: _____

MOBILITY ☐ Walks independently ☐ Cannot walk 50m

☐ Require aid – Stick/ wheeled frame/ wheelchair/ other: _____

COST OF SERVICE: Contact the Shire of Narrogin Front Desk to confirm (08 9890 0900)

DISCLAIMER

The information provided on this form is true and correct.

Client Signature: …….. Date ……