**my assessment…**

|  |  |
| --- | --- |
| **This assessment belongs to:** | **This assessment belongs to** |
| **Assessment Facilitator:** | **Assessment Facilitator:** |
| **The assessment was completed on:** | **The assessment was completed on:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **client details** | | | | | | | | | |
| Last name |  | | First name | |  | | NHI number | |  |
| Title |  | | Marital status | |  | | Gender | |  |
| Address |  | | | | | | | | |
| Type of residence | | | |  | | | | | |
| Relationship to others in the household | | | |  | | | | | |
| Date of birth | |  | | Ethnicity | | | |  | |
| Preferred language | |  | | Interpreter required | | | |  | |
| Community services card | |  | | CSC expiry date | | | |  | |
| Home phone | |  | | Mobile | | | |  | |
| Email | |  | | Work phone | | | |  | |
| Preferred contact method | | | | Preferred contact method | | | | | |
| Name of GP | |  | | GP’s phone number | | | |  | |
| Primary disability | |  | | Interim eligibility | | | |  | |
| Disability / Diagnosis [details](#details" \o "Full name/diagnosis of Primary/Secondary, Medical, Mental health. Is it proven?) | | | | | | | | | |
|  | | | | | | | | | |
| Reason for assessment / referral to Taikura Trust | | | | | | | | | |
|  | | | | | | | | | |
| Residency status | |  | | | | | | | |
| ACC claimant | |  | | Case manager name | |  | | | |
| Other information (e.g. alternative name) | | | | | | | | | |
|  | | | | | | | | | |
| Any reports to share, please list them below | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **alternative contact details** | | | |
| Last name |  | First name |  |
| Address |  | | |
| Home phone |  | Mobile |  |
| Email |  | Work phone |  |
| Relationship to client |  | Date of birth |  |
| **emergency contact details** | | | |
| Last name |  | First name |  |
| Address |  | | |
| Home phone |  | Mobile |  |
| Email |  | Work phone |  |
| Relationship to client |  | Date of birth |  |
| Client’s [legal representative](#legal_representative" \o "Mandatory. Are they over 18yo? Is the paperwork held by us?), self, parents, CYFS, Power of Attorney, PPPR. | |  | |
| Living with parents / guardians | |  | |
| Preferred contact | |  | |

Signature : 