**4Mile Farm** - **Client Intake**

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| Participant/s Full Name:  |  |
| Gender: (Circle)Male Female  | Age : Weight: D.O.B: |
| Does this participant identify as Aboriginal/Torres Strait Islander?(Please circle)  |  Aboriginal/Indigenous AustralianTorres Strait IslanderBothPrefer not to say |
|  Will the participant be unaccompanied? | Yes / No |
| NDIS Client? | Yes / NoPlan or Self Managed |

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| Parent/Guardian name: |  |
| Phone number:  |  |
| Address: |  |
| Contact Email Address: |  |
| Referred to 4Mile Farm by: |  |
| Activities you are interested in doing at The Farm? |  |
| Horse riding Experience  |  |
| What days and Time best suit you to visit the farm for your session ? (Mon- Fri - 8.30am- 4.45pm) |  |

**4Mile Farm Participant Medical Form**

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| Emergency Contact 1:Full Name : | Relationship to Participant:  | Ph: |
| Emergency Contact 2:Full Name : | Relationship to Participant:  | Ph: |

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| Does the participant suffer from any of the following? | Participants Full Name : |
| Asthma  | Yes/No |
| Allergies  | Yes/No Details: |
| Heart Condition:  | Yes/No |
| Sight Problem:  | Yes/No |
| Hearing Problems  | Yes/No |
| Epilepsy  | Yes/No |
| Diabetes | Yes/No |
| Bleeding Disorder  | Yes/No Details: |
| (Please describe allergy and reaction)(medical, Food, other) |  |
| NDIS Client? Yes or No |  |
| Any other medical concerns? |  |
| Does the participant suffer from any pre-existing medical or other condition that may affect or risk other people or themselves or their time on the farm? Please circle if applicable. | Fears/Phobias Yes/No Details: |
| ADHD | Yes/No Details:  |
| ASD:  | Yes/No Details:  |
| Anxiety | Yes/No Details: |
| Stress | Yes/No Details:  |
| Depression  | Yes/No Details:  |
| Self Harm/Suicide  | Yes/No Details:  |
| Please list any other conditions, disabilities or mental illnesses not yet discussed or listed: |  |
| Any other details about the above medical or mental health/disability details: |  |
| Or has the participant had any recent injuries?Does the participant have a Support Behaviour Plan? |  |
| Is it necessary for the participant to carry medication at all times?If Yes, Details: |  |

**Consent to medical attention:**

I authorise the staff of 4Mile Farm in charge of the Session to administer first aid and call and ambulance. I agree to bear any cost thereby incurred.

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| Signature (participant/representative): |  | Date: |  |

I authorise the staff of 4Mile Farm in charge of the Session to administer the participants medication.

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| Signature (participant/representative): |  | Date: |  |