**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 Australian  Torres Strait Islander  Both  Prefer not to say |
| Will the participant be unaccompanied? | Yes / No |
| NDIS Client? | Yes / No  Plan 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: |  |