Conquer
ALLIED HEALTH

PRE-ADMISSION CHECKLIST

Client Name: Age: D.O.B:

Address:

Primary Support Contact: Name: Phone: Email:

Funding Scheme: NDIS ☐ | EPC ☐ | CDMP ☐ | DVA ☐ | Private ☐ | CHCP ☐

NDIS NUMBER (if applicable):

If NDIS, how are they managed? Self-managed ☐ | Agency ☐ | Plan managed ☐

If plan managed, by who? Phone: Email:

South Burnett ☐	North Burnett ☐	Sunshine Coast ☐	North Brisbane ☐

RELEVANT CLIENT MEDICAL HISTORY

Primary Diagnosis:

Other Diagnoses:

REQUESTED THERAPY SERVICES

Occupational Therapy ☐	Speech Pathology ☐	Dietitian ☐	Exercise Physiology ☐	Psychology ☐	Physiotherapy ☐	Nurse (Continence) ☐

HAVE YOU ACCESSED THESE SERVICES BEFORE?

Yes ☐ No ☐

Do you have access to previous reports? ☐ Please bring them in or email **admin@conquerhealthalliance.com.au**

GOALS FOR THERAPY & FURTHER NOTES

FINAL CHECKLIST

Explain our fees ☐ Explain our cancellation policy ☐ Explain our travel fees (if applicable) ☐

Do you need ramp access? ☐ If so, use the roller door for easier access

How frequently do you want these services?
Weekly ☐ Fortnightly ☐ Monthly ☐ Other ☐ Specify:
What is the preferred time of day? _____

Address: **Shop 15/12 Discovery Dr, North Lakes QLD 4509**
Phone: **0408 768 105**
Email: **admin@conquerhealthalliance.com.au**