



0490 175 252
 info@embracetherapy.com.au
 embracetherapy.com.au
 ABN: 22 647 198 445

Embrace Therapy Application Form

Client details:

Family name:		First name:	
Date of Birth:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/> non-binary <input type="checkbox"/>
Email:		Mobile	
Address:			
Guardian (if applicable):			
Full name		Relationship:	
Email:		Mobile	
Address:			
Emergency contact details:			
Full name		Relationship:	
Email:		Mobile	
Preferred Method of Contact	SMS <input type="checkbox"/>	Email <input type="checkbox"/>	Phone call <input type="checkbox"/>

Funding Details:

I am not an NDIS participant.

I will be accessing:

Medicare Enhance Care Plan (EPC) Details:

Private Health Insurance Details:

Other: Details:





0490 175 252
 info@embracetherapy.com.au
 embracetherapy.com.au
 ABN: 22 647 198 445

I am an NDIS participant.

Name (as per NDIS plan)			
NDIS Participant Number		DOB	
Plan Start Date:		Plan End Date	

<input type="checkbox"/> Self Managed	
<input type="checkbox"/> Plan Managed	Plan Manager Company: Invoicing Email:
<input type="checkbox"/> NDIA Managed	Therapeutic Supports funding allocation to Embrace Therapy:

About the client

Diagnosis (primary and secondary)

Developmental Age (if different):

Weight (kg):

Height:

--	--





0490 175 252
info@embracetherapy.com.au
embracetherapy.com.au
ABN: 22 647 198 445

Medications and what are the medication for?:

Current Functional Ability (e.g. communication style, gross motor ability, what can they do?)

Does the applicant use any assistive technology? (walkers, wheelchair, orthotics, move and sit cushions, pencil aids etc)

What does the applicant like/like to do? (Hobbies, interests). What are their dislikes?





0490 175 252
info@embracetherapy.com.au
embracetherapy.com.au
ABN: 22 647 198 445

Does the applicant have any particular medical concerns, fears, sensory preferences/aversions, unusual or challenging behaviours that we will need to consider? (e.g. mental health concerns i.e. anxiety, self-harm behaviours)

Does the applicant have any upcoming events that may impact services with Embrace Therapy? (e.g. surgeries, therapy intensives, holidays/trips).

What other therapies is the applicant currently participating in?

What are the applicant's goals and what would you like Embrace Therapy to support the applicant with?



Has the applicant experienced or currently experienced any of the following?

- Aspiration (gagging, choking or recurrent chest infection)
- Difficulty swallowing during mealtimes
- Excessive weight loss or gain
- Pressure sores
- Recurrent falls
- Significant pain or discomfort
- Tracheostomy
- Urinary catheter or stoma
- Other health concerns

Please provide details and/or examples of the above:

In the event of a disaster or emergency, to what extent are you reliant on the supports provided by Embrace Therapy for your/your child's needs?

- A) Not reliant
- B) Reliant: Urgent/high priority appointments only.
- C) Very reliant: All intervention to continue as scheduled.

Please describe the extent to which your/your child's health and safety, would be affected if your services were disrupted.

HEALTH AND SAFETY

This is applicable to all face-to face appointments with Embrace Therapy, whether it is at home or in the community. At the time where a therapist/team member will be attending an intervention session, I will ensure:

- That there will be no person present that may be agitated, angry and violent or under the influence of drugs and/or alcohol.
- That any dangerous animal will be secured.
- Any smokers will refrain from smoking during the duration of the appointment.



- That I will cancel appointments if my child, or anyone attending the appointment is unwell, has an infectious illness (e.g. cold, flu, gastro, chicken pox) and/or has had a fever in the last 24 hours.
- I, and the people residing within my home, or attending an appointment, have not met the Government's 'Self-Isolation and Quarantine' criteria and am not under the direction to self-isolate and quarantine or have not been in contact with someone who meets the 'Self-Isolation and Quarantine' directions.
- There are no unsafe areas of the house (e.g. broken steps/stairs, broken/uneven floors) that may pose a safety risk. If there is, please write it below, so we are aware:

ACKNOWLEDGEMENT AND CONSENT

Please read this acknowledgment and consent checklist carefully, and by ticking the boxes you are agreeing to the following statements:

- I give consent to Embrace Therapy to deliver therapy services and maintain written and electronic assessment, intervention notes and outcome reports. Electronic copies will be saved on online storage such as OneDrive.
- I consent to the financial obligations as stated by Embrace Therapy's policy and fee schedule, when I confirm and/or attend an appointment, as well as non-direct services that is related to our agreed goals.
- I acknowledge that if I am found to have breached any of the Health and Safety checklist, my intervention session may be cancelled, and the full session fee (including any travel) may still be applicable.
- I acknowledge that Embrace Therapy may provide my/the client's information [excluding identifying information] for quality service improvement or auditing purposes.
- I acknowledge that my participation in Embrace Therapy's intervention may have varying risks from one therapy modality, to another, including use of equipment/assistive technology. These risks may range from, but not limited to, minor injury such as scratches, muscle soreness, to major injury such as bone fractures or joint injury. I acknowledge that the symptoms of my/the client's diagnosis may put me/the client at higher



risk of injury. I am entitled to withdraw my participation in any therapy activity by informing my therapist.

- I acknowledge that I may be loaned toys, resources and/or assistive technology to support my/the client's goals. It is my responsibility to care for it, and if damaged or lost, I may be liable for the cost to replace the item. Items must be returned when requested and/or prior to exiting Embrace Therapy's service or the cost of the replacement will be charged.
- I consent for my/the client, to be photographed or videographed for therapeutic purposes (clinical notes and comparisons or pre-post treatment).
- I consent for my/the client, to be photographed or videographed for educational/research purposes.
- I consent for my/the client, to be photographed or videographed for marketing purposes.
- I consent to exchange relevant information with other medical and health professionals. Please write if applicable:

I,

(print name and Position Title),

_____ hereby agree to the above terms.

Signature: _____

Date: _____

If you are engaging in hippotherapy intervention modality, please complete this section.

Below is a list of absolute contraindications that will exclude the applicant from safely participating in the hippotherapy intervention. Please tick those that do not apply.

- Acute herniated disc (protrusion of the intervertebral disc into the intervertebral foramen compressing the nerve roots)
- Chiari II malformation with symptoms



- Atlanto-axial instability (this must be assessed and cleared by a medical professional in at-risk population e.g. Down Syndrome; Rheumatoid Arthritis, Trauma, conditions with known lax ligaments)
- Cox Arthrosis (degeneration and deformity of the hip socket)
- Down Syndrome younger than 3 years (due to inability to assess for atlanto-axial instability)
- Grand Mal Seizures uncontrolled by medication
- Haemophilia with recent episodes of bleeding
- In-dwelling Urethral Catheters (in females)
- Active phase of degenerative conditions (e.g. Multiple Sclerosis, Rheumatoid Arthritis, Diabetes)
- Open wounds or compromised skin integrity over weight bearing surfaces
- Pathological fractures without successful treatment of underlying pathology (e.g. Osteogenesis Imperfecta, Severe osteoporosis, Bone tumour etc)
- Tethered Cord Syndrome
- Unstable spine, including unstable internal hardware
- Active mental health disorders that include unsafe behaviours (animal abuse, violence, fire-setting)
- Weight over 130kg

Please email completed form to info@embracetherapy.com.au

Thank you and we will be in touch soon.

Embrace Therapy is bound by the Privacy Act 1988 and therefore undertakes to adhere to the Australian Privacy Principles, which regulate how we may collect, use, disclose and store personal information and how individuals may access and correct personal information held about them.

To help us maintain a high standard of quality service to the community, your feedback is greatly appreciated. If you have any feedback, compliments or complaints, please contact us at info@embracetherapy.com.au or fill out the feedback form online on our website. Thank you.

Office Use	
Attachments received:	EPC <input type="checkbox"/> NDIS plan <input type="checkbox"/> Other
Received by:	

