



CLIENT REGISTRATION FORM – CONFIDENTIAL

PART A

Please complete all information and circle correct answers where appropriate.

Mr/Ms/Mrs/Miss/.....	Given Name:	Family Name:
Date of Birth: / /	Age:	Male/Female
Usual Address:		
		Postcode:
Telephone:	Mobile:	
Current Address (if different):		Postcode:
Email:		

PART B

Emergency Contact:	Telephone:	Relationship:
Doctor's (GP) Name:	Doctor's Telephone:	Medicare No:

PART C

Are you Aboriginal or Torres Strait Islander? YES/NO	Country of Birth:
Main Language:	Do you need an interpreter? YES/NO
Ethnicity:	Do you have cultural or linguistic requirements? YES/NO If yes, please state:
Do you live alone? YES/NO	If no, with whom do you live? Relative / Friend / Other
Living Arrangements: Home: Owned / Private Rental / Public Rental / Other	
Type of Pension: Aged / DVA / Disability / Other	If DVA Pension: Gold Card / White Card / Other
Full-Pension / Part-Pension (please circle)	Pension No:

PART D - CARER DETAILS (if applicable)

Do you have a carer? YES/NO	If yes, will the carer be travelling with you? YES/NO/SOMETIMES		
Carer's Given Name:	Carer's Family Name:		
Carer's Date of Birth: / /	Male/Female		
Carer's address:			
	State:	P/Code:	Phone:
Carer Country of Birth:	Main Language:		
Is Carer Aboriginal or Torres Strait Islander?	YES/NO	Does Carer care for more than one?	YES/NO
Carer Residency Status: Co-resident Carer / Non-resident Carer			
Client/Carer Relationship: Family / Friend / Other:			

PART E – Health & Mobility

(please tick boxes, where appropriate)

Do you have any health issues that we should be aware of? YES/NO
 Visual Impairment Poor-Balance Memory-Loss Incontinence Obesity Other

Please state:

How much do you weigh? Under 100kg 100-130kg 130-150kg Over 150kg

Do you require Bariatric seat? Extension seatbelt?

Do you use: **Walking Stick?** **Walking Frame?**

Is Walking Frame collapsible? YES/NO

Our buses have low steps and handrails. Are you able to access our buses? YES/NO

Do you use Wheelchair? **No** OR **Manual** **Electric**
 Wheelchair Weight: **<200kgs** **>200kgs** Is Wheelchair collapsible YES/NO
 Can you transfer independently from your wheelchair to vehicle seat? YES/NO

ACCESS TO HOME: Is it safe for our vehicle to stop outside your home?
 Please state ALL access difficulties or appropriate meeting point. ie main road, narrow driveway, etc

Can you travel in a taxi, if necessary? YES/NO

Do you have Guide Dog Oxygen Cylinder Other:

How did you find out about us? Website Newspaper Friend/Family Health Professional
 Letterbox drop Other:

I am interested in the following transport services:
 Personal or Medical appointments Social Day Trips Regular Shopping Services
 Lower North Shore Shuttle bus Other access:.....

My goals for using Stryder are:

PART F – Please tick relevant boxes and sign/date

I am an Home Care Package Participant
 I am an NDIS Participant
 I am registered with My Aged Care and have been referred to Stryder (Community Transport, Ryde Hunters Hill) for CHSP transport.
 My AC number is:

I understand that by using this service I consent to Stryder accepting “My Aged Care” referral and reporting non-identifying information to funding bodies for planning and statistical purposes. Stryder is a Commonwealth Home Support Program (CHSP) transport provider.

I understand that from time to time photos or videos may be taken during the course of Stryder’s activities and used for promotional purposes. I agree for my image to be used.

Signature..... **Date**.....

Please complete and return to: Stryder Inc PO Box 162, Gladesville, 1675 Forms can be downloaded from www.stryder.org.au	Telephone: 02 9816 5000 Fax: 02 9816 5044 Email: info@stryder.org.au
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OFFICE USE ONLY: RM WL/HB SP CHSP CTP HRT NDIS FCR

Date/Initial: _____ Doc 3.03-1-4 Client Registration Form 12/11/19