A close-up of a logo

Description automatically generated with medium confidence

**Client Data Collection Form**

This form can be used to assist you with gathering required information from clients when it is not possible to complete the request online at the time. Please note, you will still be required to enter the data from this form online at <https://geat2GO.org.au> and select products on the request as per usual process.

Consent can be provided online via signature box as part of the request, or a scanned copy of the consent form can be uploaded with your request.

To download Data Collection Form or Consent Form, go to the Assessors and Prescribers page on the Indigo website <https://www.indigosolutions.org.au/funding/commonwealth-home-support-programme/geat2go/assessors-and-prescribers>.

Fields marked with an asterisk \* are mandatory.

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Funding and MAC Priority

Please Select Funding\*:

MAC Priority\*:

High

Medium

Low

HCP Emergency Funding

geat2GO

GEAT

Previous Funding

Yes  No

If the client has had any GEAT provided in this financial year, then there may be additional costs to the client.

All client contribution fees are to be paid prior to the distribution of goods. Our team will contact the client if there are associated fees.

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Client Details

Given Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Aged Care (MAC) ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Address Line 1:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Address Line 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Postcode:\_\_\_\_\_

Referral Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment

|  |  |
| --- | --- |
| 1. Without help from specialist equipment or another person:  Are you able to walk outdoors for 1 hour, including hills and uneven surfaces, without a rest?\* | No  Yes |
| *\*If NO to Q1, do you currently use aids to assist with this?* | No  Yes |
| Are to you able to walk 1.5km at a relatively fast pace, without a rest? \* 2. Without help from specialist equipment or another person: Are to you able to walk 1.5km at a relatively fast pace, without a rest? \* Are to you able to walk 1.5km at a relatively fast pace, without a rest?\* | No  Yes |
| *\*If NO to Q2, do you currently use aids to assist with this?* | No  Yes |
| 3. Without help from specialist equipment or another person: Are you able to get up from a horizontal position on the floor, without pulling on furniture (to steady yourself)? \* Are you able to get up from a horizontal position on the floor, without pulling on furniture (to steady yourself)?\* | No  Yes |
| *\*If NO to Q3, do you currently use aids to assist with this?* | No  Yes |
| 4. Without help from specialist equipment or another person:  Are you able to walk 1.5km, even if you need standing rests of no more than 1 minute?\* | No  Yes |
| *\*If NO to Q4, do you currently use aids to assist with this?* | No  Yes |
| 5. Without help from specialist equipment or another person:  Are you able to reach your feet and cut your toenails?\* | No  Yes |
| *\*If NO to Q5, do you currently use aids to assist with this?* | No  Yes |
| 6. Without help from specialist equipment or another person:  Can you use a local shop independently for small purchases?\* | No  Yes |
| *\*If NO to Q6, do you currently use aids to assist with this?* | No  Yes |
| 7. Without help from specialist equipment or another person:  Are you able to go up and down stairs and steps with or without a handrail?\* | No  Yes |
| *\*If NO to Q7, do you currently use aids to assist with this?* | No  Yes |
| 8. Without help from specialist equipment or another person:  Are you able to walk 400 metres without a walking aid e.g. a stick or frame?\* | No  Yes |
| *\*If NO to Q8, do you currently use aids to assist with this?* | No  Yes |
|  |  |
| 9. Without help from specialist equipment or another person: Are you able to do your housework such as laundry, vacuuming and changing your bed? Are you able to do your housework such as laundry, vacuuming and changing your bed?\* | No  Yes |
| *\*If NO to Q9, do you currently use aids to assist with this?* | No  Yes |
| 10. Without help from specialist equipment or another person: Are you able to wash yourself (e.g have a bath, shower or wash at a basin)? Are you able to wash yourself (e.g have a bath, shower or wash at a basin)?\* | No  Yes |
| *\*If NO to Q10, do you currently use aids to assist with this?* | No  Yes |
| 11. Without help from specialist equipment or another person:  Are you able to prepare and cook a hot meal for yourself?\* | No  Yes |
| *\*If NO to Q11, do you currently use aids to assist with this?* | No  Yes |
| 12. Without help from specialist equipment or another person: Are you able to get around indoors (not including your steps/stairs)? Are you able to get around indoors (not including your steps/stairs)?\* | No  Yes |
| *\*If NO to Q12, do you currently use aids to assist with this?* | No  Yes |
| 13. Without help from specialist equipment or another person:  Are you able to get in and out of an easy chair or sofa independently?\* | No  Yes |
| *\*If NO to Q13, do you currently use aids to assist with this?* | No  Yes |
| 14. Without help from specialist equipment or another person:  Are you able to do your light housework, such as dusting, tidying, washing up and light cleaning?\* | No  Yes |
| *\*If NO to Q14, do you currently use aids to assist with this?* | No  Yes |
| 15. Without help from specialist equipment or another person: Are you able to use the toilet independently, including cleaning yourself and managing your clothing? Are you able to use the toilet independently, including cleaning yourself and managing your clothing?\* | No  Yes |
| *\*If NO to Q15, do you currently use aids to assist with this?* | No  Yes |
| 16. Without help from specialist equipment or another person:  Are you able to dress and undress yourself without help?\* | No  Yes |
| *\*If NO to Q16, do you currently use aids to assist with this?* | No  Yes |
| 17. Without help from specialist equipment or another person:  Are you able to get in and out of bed?\* | No  Yes |
| *\*If NO to Q17, do you currently use aids to assist with this?* | No  Yes |
| 18. Without help from specialist equipment or another person:  Are you able to independently wash your hands and face and clean your teeth?\* | No  Yes |
| *\*If NO to Q18, do you currently use aids to assist with this?* | No  Yes |
| 19. Without help from specialist equipment or another person:  Are you able to feed yourself with finger food or using cutlery?\* | No  Yes |
| *\*If NO to Q19, do you currently use aids to assist with this?* | No  Yes |

|  |
| --- |
| 20. Please select ONE answer that best describes your health TODAY  **Mobility**  I have no problems in walking about  I have slight problems in walking about  I have moderate problems in walking about  I have severe problems in walking about  I am unable to walk about |
| 21. Please select ONE answer that best describes your health TODAY  **Self Care**  I have no problems washing or dressing myself  I have slight problems washing or dressing myself  I have moderate problems washing or dressing myself  I have severe problems washing or dressing myself  I am unable to wash or dress myself |
| 22. Please select ONE answer that best describes your health TODAY  **Usual Activities**  I have no problems doing my usual activities  I have slight problems doing my usual activities  I have moderate problems doing my usual activities  I have severe problems doing my usual activities  I am unable to do my usual activities |
| 23. Please select ONE answer that best describes your health TODAY  **Pain / Discomfort**  I have no pain or discomfort  I have slight pain or discomfort  I have moderate pain or discomfort  I have severe pain or discomfort  I have extreme pain or discomfort |
| 24. Please select ONE answer that best describes your health TODAY  **Anxiety / Depression**  I am not anxious or depressed  I am slightly anxious or depressed  I am moderately anxious or depressed  I am severely anxious or depressed  I am extremely anxious or depressed |

Goals

To communicate and connect with others as much as I want to

To handle tasks and be able to manage my daily life

To increase my safety and engagement when accessing the community

To increase my safety and engagement when moving around my home

To participate in community activities of my choice such as leisure

To participate in household tasks that are important to me

To participate in personal care tasks that are important to me

To provide reassurance for my family and/or carers about me living at home

Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Delivery Details

Delivery Address Line 1:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Address Line 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_

*Note: No delivery to PO Box addresses, unless exceptional circumstances items to be delivered to client’s address.*

Delivery Instructions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note, the delivery instructions will be passed on to the supplier.*

The following phone numbers will be used to arrange assembly and installation (if selected). Please note if the supplier is unable to make contact this may result in delays.

Where possible, please provide a second delivery contact phone number.

Delivery Contact Phone #1\* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Contact Phone #2 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Notes

*Notes for geat2GO team eg: interpreter required*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Disclaimer

**Eligibility**

Client must first be registered with My Aged Care (MAC) to access CHSP Goods, Equipment, and Assistive Technology (GEAT) services. We are unable to progress this request until a referral from MAC for GEAT services has been received.

**Delivery**

There may be additional delivery costs to the client. All client contribution fees are to be paid prior to the distribution of goods. Our team will contact the client if there are associated fees.

For further information clients can call 1800 519 479 or Allied Health Professionals can call 1800 518 218.