

Thank you for providing the following information. This general information will allow our team to prepare for your appointment and ensure the relevant equipment is available. Please complete ALL sections, once completed please email to [hire@indigosolutions.org.au](mailto:hire@indigosolutions.org.au)

Customers Details	
Name:	
Date of Birth:	
Phone:	
Email:	
Address:	
Suburb:	
Postcode:	
Indigenous status:	
Country of Birth:	
Main Language spoken:	
Interpreter required:	Yes      No

Health Professional Details	
Name:	
Type:	OT      PT      SP
	Other,
Organisation	
Email:	
Phone:	
Address:	
Suburb:	
Postcode:	

Carer / Parent / Alternate Contact Details	
Name:	
Phone:	
Email:	
Address:	Postcode:
Relationship to customer:	

Consent	
Do you give consent to Indigo recording your information?	Yes      No
Do you give consent to Indigo to liaise with Health Professional and / or Alternate Contact listed above?	Yes      No
I understand that I can withdraw my consent at any time, however I understand that this could impact my service delivery.	
Customers Name:	
Signature:	Date:

## Funding / Eligibility (select all that apply)

	NDIS participant #:	
	Plan Start Date:	Plan End Date:
	NDIS plan goals:	
	How are Capital Supports managed in your plan? NDIA Managed      Self-Managed      Plan Managed *complete details below	
	*Plan Manager: Email:	
	Disability Services – DSC eligible (e.g. eligible for CAEP)	
	Commonwealth Home Support Programme (CHSP)	
	Home Care Package	Level:
	Insurance Commission WA (ICWA)	
	Worker's Compensation	
	Other, please specify:	

## Diagnosis

Primary diagnosis:	
Other Relevant medical history:	

## Equipment details

Details of Equipment:	Details of the equipment you want to hire
Accessories:	List any additional accessories you require (e.g. which size keyboard do you require, mount, etc)

