

OT New Client Registration

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	Occupational Therapy New Client Form		
Clinical Area(s)	Occupational Therapy		
Description of Use	To register new OT clients into EO		
Availability	Yes, full access in Explorer Online		
Explorer Online Screenshot	<div><div>OCCUPATIONAL THERAPY NEW CLIENT FORM</div><div><div>CLIENT DETAILS</div><div><div>TITLE</div><div>CLIENT FIRST NAME</div><div>CLIENT LAST NAME</div><div>DATE OF BIRTH</div><div>CLIENTS PHONE NUMBER</div><div>CLIENTS EMAIL</div><div>SUBURB</div><div>STATE</div><div>REASON FOR REFERRAL?</div><div>ANY SIGNIFICANT MEDICAL HISTORY?</div><div>ANY SIGNIFICANT SAFETY CONCERNS?</div></div></div><div><div>CONTACT FOR APPOINTMENT</div><div><div>FULL NAME</div><div>PHONE NUMBER</div></div></div><div><div>EMERGENCY CONTACT</div><div><div>FIRST NAME</div><div>LAST NAME</div><div>RELATION</div><div>PHONE NUMBER</div></div></div></div>		
	<div><div><div><div>Mrs Patient Marie TEST</div><div><div>Born 12-Dec-1990 (31y) Gender Female</div><div>31y at the time of observation</div></div></div><div><div>Address 12 Demo Street MAROOCHYDORE QLD 4558</div><div>Phone (07)54566000</div><div>Medicare No 4608688371/1</div></div><div><div>Specimen Lab No 74F638B6-925C-46F8-87A0-BA19F92E407C</div><div>Request Date 9/09/2022 2:58 PM</div><div>Effective Date 9/09/2022 2:58 PM</div><div>Generated Date 9/09/2022 2:55 PM</div></div></div></div>		
Report Preview	<div><div>Occupational Therapy New Client Form (E DAY)</div><div><div>CLIENT DETAILS</div><div><div>Title</div><div>Client first name</div><div>Client last name</div><div>Date of birth</div><div>Clients phone number</div><div>Clients email</div><div>Suburb</div><div>State</div><div>Reason for referral?</div><div>Details</div></div><div><div>Miss</div><div>Cleo</div><div>Smith</div><div>9/03/2015</div><div>0452651248</div><div>hello@outlook.com</div><div>Maroochydore</div><div>QLD</div><div>Child development/assessment</div><div>ASD</div></div></div><div><div>NDIS DETAILS</div><div><div>Is the client an NDIS client?</div><div>Do you require a report?</div><div>NDIS number</div><div>NDIS plan start and end dates</div><div>NDIS funding category</div><div>Invoicing method</div></div><div><div>Yes</div><div>False</div><div>5165814</div><div>30.8.2022 - 30.8.2023</div><div>Improved daily living</div><div>Plan managed</div></div></div></div>		

Mind Map



Excel File /Structure

CEN.OTNewClientForm.v1.xlsx

Editor Screensh ot

