

Improving lives by providing health, education and disability services to people from all backgrounds.

I understand that Range Allied Health has been requested to provide Occupational Therapy or Allied Health Assistant services to me. Based on an initial assessment, the Occupational Therapist or Allied Health Assistant will provide services relating to any of the following:

Assistive Technology	Care and support needs
Accommodation/minor home modifications	School leaver support
Transport	Employability
Daily living skills	Education support

The Occupational Therapist or Allied Health Assistant has explained to me:

- as part of the assessment or treatment, I may be asked to perform some functional tasks
- I can decline to participate in any activities during the assessment or treatment or ask for the session to stop at any time.

During the assessment or treatment, I agree to:

- participate in the treatment to the best of my ability
- notify the Occupational Therapist or Allied Health Assistant immediately if I experience any stress, dizziness, nausea, pain or other symptoms
- give permission for digital images to be taken during the assessment or treatment.

I give permission for Range Allied Health to obtain and release any relevant information relating to my current needs that will assist in determining and/or meeting my needs.

I acknowledge that I have read and understood the above and consent to the assessment and/or treatment being undertaken.

Client Name (or client representative name)	
Client Signature (or client representative signature)	
Date	