



**REQUEST FOR SERVICE FORM**

Client Name .....

Address .....

..... Post code: .....

Phone Number ..... Mobile: .....

Email .....

Emergency Contact .....

Phone .....

Email .....

|                                  |  |
|----------------------------------|--|
| <b>TYPE OF SERVICE:</b>          |  |
| Attend Appointment               | <input type="checkbox"/>               |
| Respite Support                  | <input type="checkbox"/>               |
| Social Support                   | <input type="checkbox"/>               |
| Special events                   | <input type="checkbox"/>               |
| Holidays                         | <input type="checkbox"/>               |
| Date Required:                   | .....                                  |
| Start Time/expected finish time: | <b>Start</b> ..... <b>Finish</b> ..... |
| Destination:                     | .....                                  |

**IMPORTANT INFORMATION:** Please circle your response

**Property Access to pick & drop of Client:** front door/back door steps/ramp

**Mobility:**

|         |      |        |                |            |
|---------|------|--------|----------------|------------|
| No aids | Cane | Walker | 4 wheel walker | wheelchair |
|---------|------|--------|----------------|------------|

**If you use a wheelchair,** are you able to transfer independently from chair to car?  
Yes/No

Do you have: **Hearing loss** Yes / No      **Sight impaired** Yes / No

**Do you have any Allergies?** Yes / No

**If Yes please specify:** .....

Do you have any **other medical conditions** that Allinda's Care & Companion Service may need to be aware of? Yes / No

**If Yes please specify:** .....

**In the event of an emergency, are you Not for Resuscitation?** Yes / No

I, (Printed Name).....  
(client/family member/care giver)

(Signature).....

Understand agree that the information provided is accurate.

I, .....also have agreed to the cost involved for the nominated activity and will pay the Tax Invoice within 7 days after the service is provided by Allinda's Care & Companion Service, except for holidays. Additional forms are required and can be found in the "holiday" link.

Address for Payment: .....

.....Post code.....

Email: .....

**All information gathered by Allinda's Care & Companion Service is strictly confidential**