**HACC Program** **Client Information Sheet**

**Personal**

|  |  |
| --- | --- |
| **Date Commencing with Uniting** |  |
| **Client Name** |  |
| **D.O.B** |  |
| **Address** |  |
| **Telephone** |  |
| **Email**  |  |
| **Gender** | Male / female / other ………………………………..(please specify) |
| **Country of birth**  | Australia/other………………………………..(please specify) |
| **Aboriginal** Yes / No | **Torres Strait Islander** Yes / No |

**Emergency Contact Information**

|  |  |
| --- | --- |
| **Emergency Contact:** |  |
| **Relationship to client:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:**  |  |

|  |  |
| --- | --- |
| **Referrer:** |  |
| **Suggested group activity:**  |  |
| **Additional Information:** |  |
| **Allergies:**  |  |
| **Dietary requirements:**  |  |