

REFERRAL FORM

REFERRING ENTITY	
ORGANISATION	
NAME	
EMAIL	
PHONE	
REASON FOR REFERRAL	
SESSION FREQUENCY	
SESSION DURATION	
SESSION DAYS	
SESSION TIMES	

PARTICIPANT	
CHILDREN/S NAMES:	
DOB & AGE:	
GENDER	
NATIONALITY/CULTURE	
RELIGION	
LANGUAGE	
ADDRESS	
MEDICATION	
ALLERGIES	
MEDICARE NUMBER	
SAFETY CONCERNS	
BEHAVIOURAL ISSUES	
TRIGGERS	
DISABILITY	
LEGAL CONDITIONS	
NDIS NUMBER	
NDIS PLAN DATES	
GOALS	
FOOD LIKES	
FOOD DISLIKES	
ACTIVITY LIKES	
ACTIVITY DISLIKES	
OTHER	

EMERGENCY CONTACT	
NAME	
RELATIONSHIP	
EMAIL	
PHONE	

CONSENT FOR USE OF IMAGE

I consent to Creative Spring Community using, reproducing and disclosing photographs and/or film footage containing my image in situation including, but not limited to; reports,

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posters, brochures, booklets, displays, articles, advertisements in newspapers and magazines, television, radio advertisements and intranet and internet sites. I consent to my name being published or used association with that image. I agree that Creative Spring Community has no financial obligation to me as a result of providing consent for the use, reproduction and disclosure of my image. I expressly release Creative Spring Community from, and indemnify it against, any and all claims arising out of its images of me, and from and against all costs and damages that may be incurred by the Creative Spring Community or its officers or agents, in defending or settling those claims.

DISCLAIMER

We strongly recommend that you consult with your physician before beginning any exercise program. You should be in good physical condition and be able to participate in the exercise. You should understand that when participating in any exercise or exercise program there is the possibility of physical injury. If you engage in this program you agree to do so at your own risk, of voluntarily participating in these activities, assume all risk of injury to yourself, and agree to release and discharge Creative Spring Community and all other staff from any and all claims or causes of action, known or unknown arising out of my negligence. These programs are not individually tailored, rather a guideline to help you begin your healthy lifestyle journey.

SIGNATURE _____ DATE ____ / ____ / ____