



# Head To Foot Orthotics

## NDIS Participant Questionnaire

Please fill in this form below to your best ability to allow us to tailor our care.  
If you require assistance completing or have any questions regarding any information in this form, please discuss this with the clinician.

**Participant's Name:**

**Participant's Best Contact Number:**

Is an interpreter required to be present for future appointments? **YES NO**

Is there an existing contact we can use?

Is an advocate requested to be present at future appointments? **YES NO**

Is there an existing contact we can use?

Is there a support person or carer that the participant would like to be involved in the decision-making process? **YES NO**

Name and Contact phone no.

If yes, is the participant happy for us to disclose information relating to their assistive technology to them? **YES NO**

Does the participant have any concerns that may impact the care and service provided by Head To Foot Orthotics to them?

  
  

Is there anything that we should be aware of that may adversely affect the participants care?

  
  

Has the participant previously used an orthosis or assistive technology? **YES NO**

If yes, please provide details:

What does the participant feel is their biggest concern that has led them to need orthotic intervention?


What are their key goals that they would like their assistive technology to assist them achieve?


**Height:**

**Weight:**

Is the participant currently working with or do they plan on working with any of the following services providers?

**Physiotherapist   Occupational Therapist   Support Coordinator**

If yes, are they happy for us to contact these service providers to discuss their care where necessary?   **YES   NO**

Details:


If the participant has any concerns with their treatment at any stage please let us know. If more information is required on how feedback can be provided, please visit our website at [www.htfo.com.au](http://www.htfo.com.au) or ask at reception (03) 9870 2284.