



# CLIENT MEDICAL REPORT



This form is to be completed by a doctor in consultation with the client (or family member), and returned to Guide Dogs Victoria staff before the commencement of the program. **A doctor must sign this form.**

**PLEASE WRITE LEGIBLY**

## CONTACTS

Name of client \_\_\_\_\_ DOB:    /    /

Mother's / Guardian's name \_\_\_\_\_ Tel. No (H) \_\_\_\_\_  
(if applicable)

Tel. No. (W) \_\_\_\_\_ Tel. No (M) \_\_\_\_\_

Address \_\_\_\_\_

Father's / Guardian's name \_\_\_\_\_ Tel. No. (H) \_\_\_\_\_  
(if applicable)

Tel. No. (W) \_\_\_\_\_ Tel. No (M) \_\_\_\_\_

Address \_\_\_\_\_

## MEDICAL SPECIALISTS

Medical Practitioner – name \_\_\_\_\_ Tel. No \_\_\_\_\_

Address \_\_\_\_\_

Paediatrician – name \_\_\_\_\_ Tel. No \_\_\_\_\_  
(if applicable)

Address \_\_\_\_\_

Eye Specialist – name \_\_\_\_\_ Tel. No \_\_\_\_\_

Address \_\_\_\_\_

Other Specialists / Medical Agencies

Name \_\_\_\_\_ Tel. No \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Tel. No \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Tel. No \_\_\_\_\_

Address \_\_\_\_\_

## VISION CONDITION

Diagnosis of eye condition: \_\_\_\_\_

Does the client require special consideration for certain activities due to their eye condition?    Yes / No

Details: \_\_\_\_\_



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## RELEVANT MEDICAL INFORMATION

Is the client taking any medication Yes / No

If YES, please list **all medication** the client is on, including current medication and/or occasional medication (eg, asthma medication). An up to date computerised medication printout is acceptable.

**PLEASE NOTE:** If the client requires any medication during a Guide Dogs Victoria program, the doctor and the client must complete an "Authorisation to Administer / Supervise Medication" form.

- for prescription medication the doctor must sign the form, (including asthma medication).
- for non-prescription medication the doctor's signature is not necessary (excluding asthma medication).

Medication	Dosage	When (please be specific)
eg, Tegretol	300 mg (1 tablet) 300 mg (1 tablet)	7:30 am 8:30 pm
eg, Ventolin	2 puffs (via spacer)	as required (extra details on asthma form)

Does the client experience any side effects from any of the medication above? Yes / No

Details

Is the client allergic / sensitive to any of the following?

Medication	Yes / No	Details
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Food (include any special dietary requirements)	Yes / No	Details
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Other things (eg: bites, chemicals, etc.)	Yes / No	Details
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(For children) – Do you consent for Paracetamol to be given to help control for pain or fever? Yes / No

Does the client have a hearing loss? Yes / No                      Has the client a hearing aid? Yes / No

Does the client have any other sensory loss? Yes / No

Details

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**Does the client have any of the following?**

**If yes to any of the below** - a Guide Dogs Victoria staff member and/or Guide Dogs Victoria consultant medical practitioner may request further clarification of details. It may be necessary to complete an "Action Plan - Additional Medical Information" form that will be provided by the Instructor. This will need to be completed jointly by the client and their doctor. **The doctor must sign these forms.**

Physical / muscular-skeletal problems                      Yes / No    Details  
(eg: balance, gait, back, neck, joint, arthritic problems) \_\_\_\_\_

Heart problems                      Yes / No    Details  
\_\_\_\_\_

Blood Pressure problems                      Yes / No    Details  
\_\_\_\_\_

Respiratory problems                      Yes / No    Details  
( for Asthma – see below ) \_\_\_\_\_

Migraines / headaches                      Yes / No    Details  
\_\_\_\_\_

Blackouts, dizzy spells                      Yes / No    Details  
\_\_\_\_\_

Neurological                      Yes / No    Details  
( for Epilepsy – see below ) \_\_\_\_\_

Recent illness / operations / injuries / sickness / treatments (eg: cancer)                      Yes / No    Details  
\_\_\_\_\_

Degenerative conditions                      Yes / No    Details  
\_\_\_\_\_



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Intellectual / cognitive problems    Yes / No    Details

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Drug / substance use and/or dependency (eg: alcohol, nicotine, other)    Yes / No    Details

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Psychological / behavioural issues (includes general psychological stability and any condition which may adversely affect or be affected by the Guide Dogs Victoria program)    Yes / No  
Details

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**Does the client have any of the following conditions?**

If yes to any of the below, the doctor and client **must** complete an "Action Plan Form" for that condition. **The doctor must sign these forms.**

Asthma                                      Yes / No                                      Details

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Diabetes                                      Yes / No                                      Details

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Seizures / Epilepsy                      Yes / No                                      Details

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**Exercise tolerance – tick one of the below.**

- short periods (5 – 10 minutes) in and around the house, with rests as required.
- walks in the local and adjacent area (up to 1 – 1.5 hours), with rests as required.
- walking in a range of areas (up to 3 hours), with rests as required.

Details

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**OTHER INFORMATION - SUMMARY**

Is there any other medical information we need to be aware of to assist in the delivery of a program?

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## MEDICAL INSURANCE

Medicare No \_\_\_\_\_ Private Health Insurance Yes / No

Is the client on a Health Care Card? Yes / No Number \_\_\_\_\_

Doctors name \_\_\_\_\_

Doctors signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT SECTION (This is to be completed by the client / parent / guardian.)

I authorise staff directly involved in my program, and if deemed necessary the Guide Dogs Victoria consultant medical practitioner, to review this completed form. I also authorise these people to liaise with my own medical practitioner(s) if further clarification or details are required to ensure appropriate duty of care is provided to me during my program.

I authorise any officers, servants or agents of Guide Dogs Victoria, in the event of any injury or illness occurring to me the client (or my child the client), during or in conjunction with any Guide Dogs Victoria activity, function, service, or program, to obtain on my behalf and at my expense such external medical advice and/or assistance, (eg: medical or ambulance services) as may be considered appropriate to ensure management of my health and safety, (or my child's (the client) health and safety).

If it is advised by a qualified medical practitioner that medical treatment / intervention is required, and if I am unable to provide consent to this medical intervention due to incapacity or unconsciousness, and after every reasonable attempt has been made to seek guidance from my emergency contact as stated on this form, I authorise for intervention / treatment to be provided by relevant qualified medical practitioners.

I further agree to pay on request by Guide Dogs Victoria such medical, hospital and other fees and expenses as may be incurred by Guide Dogs Victoria in such circumstances other than those which are recoverable under any policy of insurance taken out by Guide Dogs Victoria.

I acknowledge that I have read and understood the above provisions prior to the signing hereof.

**Client / Parent / Guardian name** \_\_\_\_\_

**Relationship if Guardian** \_\_\_\_\_

**Client / Parent / Guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Guide Dogs Victoria, Chandler Hwy, Private Bag 13, Kew, 3101, ph (03) 9854 4444, fax (03) 9854 4466