



TAC Client Intake Form

IDRIVESAFETY Client Number : _ _ _ _ _

Date TAC Case managers name

TAC Case Managers Email: TAC Case managers phone number

Participant information. all details strictly private and confidential

Participants Name First & Last Date of Birth TAC CLAIM Number:

Address

City State. Post Code

Service required: Auto / manual / modification see below for specifics

Gmail / email mobile number

Occupational therapist Name Occupational therapist if allocated email

Occupational Therapist Mobile Hand Controls, Wheel Chair, Electronic Modification, Detail in other notes below

Specialist Coach assigned Referred by



