



ORIENTATION & MOBILITY TRAINING CLIENT INTAKE FORM

1. Client personal details			
Name of client:		Contact number:	
Address:		Date of birth / age:	
		Gender:	<input type="checkbox"/> male <input type="checkbox"/> female
2. Referred by			
Referrer:		Contact number:	
Organisation:		Name:	
3. Client situation			
Address training to be completed at, if not same as home address:	Remaining sight description, if any:	Visual impairment: <input type="checkbox"/> totally blind <input type="checkbox"/> partially sighted Eye condition (if known):	
	Other disabilities (if any):		
Date referred:			

Website: www.guidedog.org.za

Reg. No. 000-758 NPO

SA Guide-Dogs Association for the Blind

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