

E.I.A.

Enhancing Internet Access

Client Background Information

CLIENT ID CODE:	
Client Name	
Date of Birth	
Address	
Contact Phone No	
Relevant Social History	Living alone Dependant children Other
Internet Availability	Phone line available Distance to Point of Presence
Identified Disability	Diagnosis (if known) Congenital/acquired (if so, when)
Major Functional Problems	Physical, Speech, Memory, Other
Visual Status	Colour blind Read small print Wear glasses (is prescription effective?)
Hearing Status	Degree of impairment (if any)
Non-English Speaking Background	Interpreter required

Current Support Services	Self sufficient Attendant carer Meals on wheels Home help Support group Other
Education Background	Primary school completed Secondary school completed Tertiary courses (or parts of) Post-graduate &/or other
Computer Experience	Computer type(s) Software Internet exposure Recognised difficulties
Work/Occupational Background	Range of jobs Any for a lengthy period
Hobbies and Interests	Past Present
Eligible for/receiving Compensation or Funded Assistance	Insurance Government funded rehabilitation Pension(s) Other
Other Relevant Information	
Availability for Assessment	

I agree that the information given above may be used by the E.I.A. Assessment Team as appropriate. My confidentiality will be maintained should reports be published using this information.

Clients Signature: _____

Information collected by: _____

Date: _____