



INTAKE FORM

PARTICIPANT INFORMATION

First Name:

Surname:

Diagnosis:

Date of Birth:

Female Male

Home Number:

Mobile Number:

Address:

Home Setting: Private Rental Supported Accommodation Aged/Nursing Home

Email Address:

Cultural Background: Interpreter required: Yes No

NEXT OF KIN INFORMATION

First Name:

Surname:

Home Number:

Mobile Number:

Email Address:

Relationship to Participant:

NDIS PLAN INFORMATION

NDIS Fund Management

Self-managed plan

NDIS plan managed

Plan managed

NDIS Reference Number:

NDIS Plan Dates Start Date / / Review Date: / /

PLEASE ATTACH THE NDIS PLAN ON THE THIS FORM

ABOUT ME

Likes and dislikes of the participant:

GOALS

SHORT – TERM

MEDIUM – TERM

LONG - TERM

ANY CONCERNS RISKS

Allergies:

Medical Alerts:

Behaviours of Concern:

PREFERRED DAYS / HOURS OF SERVICE

DAYS**TIMES OF SUPPORTS**Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday: Any: **NDIS: Hours approved:** _____ **Total cost:****NDIS Support Category:****SUPPORT CO-ORDINATOR DETAILS**

Coordinator Name:

Organisation:

Name:

Contact Number:

Address:

Email Address:

REFERRER DETAILS: IF SEPARATE TO COORDINATOR

Referrer Name:

Organisation:

Name:

Contact Number:

Address:

Email Address:

Relationship to Participant:

PAYMENT/INVOICING DETAILS

Portal Service bookings required - Yes: No:

If no, invoicing / Plan Manager details as follows:

Organisation:

Phone:

Email:

Fax:

DETAILS OF EXISTING TEAM TO SEND FEEDBACK TO

| Name: | Service: | Contact details: phone, email, fax |
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