



Participant Intake Form

1. Participant Details

Client's name:	<input type="text"/>	D.O.B:	<input type="text"/>	Gender:	<input type="text"/>
NDIS number:	<input type="text"/>				
Contact details:	Home:	<input type="text"/>	Mobile:	<input type="text"/>	
Email address:	<input type="text"/>				
Language spoken at home:	<input type="text"/>	Interpreter required	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Preferred option for communication:	<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Phone	Do you identify as Aboriginal and Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Residential address:	<input type="text"/>				
Postal address (if different from above):	<input type="text"/>				

Is there a Guardianship and/or Administration order in place? No Yes
Is there a Behaviour Management Plan in place? No Yes

Participants under the age of 18, under guardianship or in the care of family or caregivers, please complete below

Name of Parent/ Guardian 1:	<input type="text"/>	Primary Carer:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		Lives with Participant:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		Emergency Contact:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Relationship to participant:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Other				
Residential address:	<input type="text"/>				
Postal address (if different from above):	<input type="text"/>				
Contact details:	Home:	<input type="text"/>	Mobile:	<input type="text"/>	
Email address:	<input type="text"/>				

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Participants under the age of 18, under guardianship or in the care of family or caregivers, please complete below

Name of Parent/ Guardian 2:		Primary Carer:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
		Lives with Participant:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
		Emergency Contact:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Relationship to participant:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Other			
Residential address:				
Postal address (if different from above):				
Contact details:	Home:		Mobile:	
Email address:				

2. Disability / Medical Conditions including any diagnosis if relevant.

1	
2	
3	

Medication/s Required

Medication Assessment Tool	Strategies Developed	Identified in Support Plan
Medication Plan and Consent Form	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medication – Self Medication Assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medication Risk Indemnity Form	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Behaviour Support

Behaviour Support Plan documents collected for authorisation purposes No Yes
(if relevant)

Behaviour Support Plan available on NDIS portal? No Yes

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Other service providers currently using
(include Specialist Behaviour Support Provider, if relevant)

<i>Name:</i>	<input type="text"/>	<i>Address:</i>	<input type="text"/>
<i>Phone number/email:</i>	<input type="text"/>		
<i>Frequency of use:</i>	<input type="text"/>		

<i>Name:</i>	<input type="text"/>	<i>Address:</i>	<input type="text"/>
<i>Phone number/email:</i>	<input type="text"/>		
<i>Frequency of use:</i>	<input type="text"/>		

<i>Name:</i>	<input type="text"/>	<i>Address:</i>	<input type="text"/>
<i>Phone number/email:</i>	<input type="text"/>		
<i>Frequency of use:</i>	<input type="text"/>		

3. Health Care Information

<i>Medicare Number:</i>	<input type="text"/>	<i>Expiry Date:</i>	<input type="text"/>
		<i>Reference Number:</i>	<input type="text"/>
<i>Private Healthcare Provider:</i>	<input type="text"/>	<i>Membership Number:</i>	<input type="text"/>
		<i>Reference Number:</i>	<input type="text"/>

<i>Doctor's Name:</i>	<input type="text"/>
<i>Address:</i>	<input type="text"/>
<i>Phone Number:</i>	<input type="text"/>

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4. Funding

NDIS Managed (A copy of the NDIS plan MUST BE provided for NDIA managed participants)

NDIS Number:

NDIS Date:

Self-Managed

Plan Managed

Please provide details for invoices

Name:

Email:

Comments:

5. Preferences

Preferred name:

Religious requirements:

Cultural requirements:

Communication method:

Physical assistance:

Other considerations:

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6. Goals and Aspirations

What do you want to achieve for yourself? – life skills, physically, socially etc

Immediately:

In 6 months:

Next year:

7. Risk Assessment

Risk Assessment Tool	Strategies Developed	Identified in Support Plan
Individual Risk Assessment Profile	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Safety Environment Checklist – Home	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Participant Safe Environment Risk Assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Nutrition and Swallowing Risk Checklist	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

I understand that:

- This organisation owns these records.
- Information within these records will be shared with other staff within the organisation on and only when staff require the information to carry out their duties
- I can ask to see records and receive a copy
- Records are archived for a set period according to policy and procedure
- I understand that all information obtained will be kept confidential.

To the best of my knowledge, the information provided in this form is true and correct:

Participant Signature: or

Parent / caregiver signature:

Name of the person signing:

Relationship to the participant,
if not the participant:

Date:

Note: Authority to Act as an Advocate form is required if the individual signing this form is not the participant.