

# Participant Intake Form

Fill out every applicable section of this form. Mark any non-applicable sections with **N/A**.



## Section 1: Personal Details

<b>First Name</b>		<b>Middle name's</b>	
<b>Last Name</b>		<b>Date of birth (DD/MM/YYYY)</b>	
<b>Current address</b>			
<b>Contact details</b>			
<b>NDIS plan no.</b>		<b>NDIS plan dates (DD/MM/YYYY - DD/MM/YYYY)</b>	
<b>Condition/s</b>			
<b>Background</b>	<input type="checkbox"/> Aboriginal Islander <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> None		

## Section 2: Emergency Contact Details

<b>First Emergency Contact Name</b>		<b>Relationship to participant</b>	
<b>Contact Number</b>			
<b>Address</b>			

<b>Second Emergency Contact Name</b>		<b>Relationship to participant</b>	
<b>Contact Number</b>			
<b>Address</b>			

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## Section 3: Existing Care Arrangements

<b>Support Type</b>	Support Coordinator
<b>Service Provider</b>	
<b>Contact Name</b>	
<b>Phone Number</b>	
<b>Email</b>	

<b>Support Type</b>	Plan Manager
<b>Service Provider</b>	
<b>Contact Name</b>	
<b>Phone Number</b>	
<b>Email</b>	

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## Section 4: Existing Conditions

Any health, medication, environmental, safety risk, emotional/behavioural, cognitive/developmental, mobility, nutrition, or dietary conditions relevant to the participant's care.

Where possible, obtain management plans for these conditions (e.g. health plan, behaviour management plan, epilepsy plan, asthma plan, allergy plan).

## Section 5: Behaviours of Concern

Please describe any behaviours of concern and what the triggers are for the participant.

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## Section 6: Preferences of the Participant

Any special cultural, language, communication.

## Section 7: Daily Routine Information

The participant's living and socialisation skills and any daily routine they may have (including eating, drinking, dressing, sleeping, bathing, toileting).

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## Section 8: Likes and Dislikes

The participant's likes and dislikes regarding any aspect of their lives, including the support and intervention they receive.

## Section 9: Educational Needs

The participant's education, training and/or vocational needs, goals and preferences.

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## Section 10: Social and Leisure

The participant's social and/or leisure preferences.

## Section 11: Services

Information about the services that you need.

Service Type	Service Description

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## Section 12: Relevant Documentation Attached

Please attach the following documents that are relevant to the participant. (Place a mark in the relevant information's box)

- Asthma Management Plan
- Epilepsy Management Plan
- Anaphylaxis Management Plan
- Diabetes Management Plan
- Medication Treatment Sheet (Any medications should be in a webster pack and the treatment sheet should be signed by a doctor)

## Section 13: Any other relevant information

Information that may be relevant.

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## Section 14:

Information about people responsible for undertaking and managing services.

Name	Position	Responsibilities	Contact Information
<b>Gerard O'Brien</b>	Director	Feedback, complaints, culture, invoicing.	0430 003 174
<b>Kaoru O'Brien</b>	Co-Director	Vision, future planning, participant/worker relations.	0401 070 236
<b>Lil Ward</b>	Program Manager	Program design, communication, HR.	04060 415 308
<b>Leah Dalton</b>	Residential Supports Team Leader	Residential support/SIL relations and staff.	0472 668 704
<b>Jessica O'Brien</b>	Individual Supports Team Leader	Individual support relations and staff.	0460 036 486
<b>Jeremiah O'Brien</b>	Supported Employment Team Leader	Supported employment relations and staff.	0457 163 974



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## Section 15: Signatures

All relevant parties should sign off to agree that the information on this form is correct and that the proposed services are suitable. All parties must sign service agreements in order to proceed with services. The participants or next of kin have the right to access and correct the information held by us at any time.

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

### OR Family Member/Representative Signature:

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Relationship</b>	

<b>Office Use Only</b>
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