

My Intake Assessment Form

| 1. PERSONAL INFORMATION | |
|--|--|
| First Name | |
| Last Name | |
| Preferred Name | |
| NDIS Number | |
| NDIS Plan Dates | |
| Address | |
| Phone | |
| Mobile | |
| D.O.B. | |
| Marital Status | |
| Gender | |
| Carer/Advocate | |
| Relevant Support Notes - Behaviours, Risks, Allergies etc. | <i>[Please refer to and complete my Safety Plan excel spreadsheet]</i> |
| Primary Diagnosis/Disability | |
| Secondary Diagnosis/Disability | |

| 2. DETAILS | |
|-------------------------------------|--|
| Residential Setting | |
| Living Arrangements | |
| Start Date with company | |
| SIL listed in NDIA Plan | |
| SIL Functional Assessment completed | |
| Country of Birth | |
| Residency Status | |
| Main income source | |
| Mobility Allowance | |
| Communication Method | |
| Language Spoken | |
| Interpreter Required | |
| Employment Status | |

3. KEY CONTACTS

| | | | |
|--|---|------------------------------|-----------------------------|
| First Key Contact | Full Name | | |
| | Relationship | | |
| | Address | | |
| | Phone number | | |
| | Email address | | |
| | Emergency Contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Second Key Contact | Full Name | | |
| | Relationship | | |
| | Address | | |
| | Phone number | | |
| | Email address | | |
| | Emergency Contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Authorised Decision Maker <i>(Do you have someone who can make decisions on your behalf?)</i> | Function/s <i>(e.g. medical and dental, services, accommodation)</i> | | |
| | Full Name | | |
| | Position/Service | | |
| | Phone Number | | |
| | Email address | | |
| Financial Guardian | Full Name | | |
| | Position/Service | | |
| | Phone number | | |
| | Email Address | | |
| NDIA or LAC Planner | Full Name | | |
| | Organisation | | |
| | Phone number | | |
| | Email address | | |
| Plan Nominee | Full Name | | |
| | Phone number | | |
| | Email address | | |
| Plan Manager | Full Name | | |
| | Agency | | |

3. KEY CONTACTS

| | | |
|---|---------------|--|
| | Phone number | |
| | Email address | |
| Self-Managing - Nominee | Full name | |
| | Phone number | |
| | Email address | |
| Support Coordination (COS) | Full Name | |
| | Organisation | |
| | Phone number | |
| | Email address | |
| What family and support networks does the participant have? | | |
| Does the participant have access to other services? | | |

4. INDIVIDUAL VALUES & BELIEFS

| | |
|-----------------------------------|--|
| Religious and cultural background | |
| My Values | |
| My Beliefs | |

5. MEDICAL

| | |
|--|--|
| Medicare No. | |
| Private Health Ins. | |
| Relevant Medical Conditions | |
| Does the person wear a hearing aid or another medical device <i>(if yes, please list)</i> | |
| Medications <i>(if yes please fill out medication summary)</i> | |
| Date of last tetanus injection | |
| Date of Covid Vaccinations | |
| Allergies | |
| Doctor | |
| Name | |
| Phone number | |

| 5. MEDICAL | |
|---|--|
| Address | |
| Name | |
| Dentist | |
| Name | |
| Phone number | |
| Address | |
| Speech Pathologist | |
| Name | |
| Phone number | |
| Address | |
| Occupational Therapist | |
| Name | |
| Phone number | |
| Address | |
| Behaviour Support Practitioner | |
| Name | |
| Phone number | |
| Address | |
| Psychiatrist | |
| Name | |
| Phone number | |
| Address | |
| Specialist | |
| Name | |
| Phone number | |
| Address | |
| Preferred Pain Relief | |
| Who provides Consent for Medical Treatment | |
| Does the person have a drug and alcohol addiction | |

6. CARE DETAILS

| | | | |
|--|--|---------|--|
| Existence of Carer | | | |
| Name of Carer | | | |
| Relationship of carer to client | | | |
| Carer Residency status | | | |
| Does the Carer assist the service user in the areas of self-care, mobility or communication? | | | |
| Carer age bracket | | | |
| Carer emergency Contact | | | |
| Name | | | |
| Phone | | Mobile: | |
| Address | | | |
| Second emergency contact | | | |
| Name | | | |
| Phone | | Mobile: | |
| Address | | | |
| What family and support networks does the participant have? | | | |
| Does the participant have access to other services? | | | |

7. SUPPORT NEEDS

| | | | | | |
|---|--|----------------------------------|-----------------------------------|-------------------------------|----------------------------------|
| Self-Care | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Mobility: | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | • Is a current mobility support plan in place? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | • Copy obtained? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communication | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Interpersonal interactions & relationships | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Learning and applying knowledge | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |

7. SUPPORT NEEDS

| | | | | | |
|--|-------------------------------|----------------------------------|-----------------------------------|-------------------------------|----------------------------------|
| and general tasks and demands | Details: | | | | |
| Literacy/numeracy | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Education | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Community and economic life | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Money handling | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Living skills | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Working | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Toileting | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| | Details: | | | | |
| Eating & Drinking: | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| • Is there a modified diet or specific meal plan in place? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Copy obtained? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nutrition/Swallowing: | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| • Has the participant had a recent Nutrition and Swallowing Risk Assessment? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Copy obtained? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Behaviour Support: | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| • Is a current behaviour support plan in place? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication: | <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Unknown |
| • Will Staff be required to assist? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Medication in Webster? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. COMMUNITY ACCESS

| | |
|--|--|
| What type of activities does the participant enjoy? | |
| What type of activities does the participants dislike? | |

8. COMMUNITY ACCESS

Are there any activities the participant cannot participate in due to medical reasons?

Yes

No

9. Do Any of the Following Factors Affect the Participant?

| | | |
|--|------------------------------|-----------------------------|
| Noises | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Crowds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Fire works | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Animals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Does the participant require wheelchair access into a venue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the participant walk on uneven surfaces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the participant aware of stranger danger? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the participant wonder off or abscond? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Can the participant go out in a small group with staff support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Does the participant require 1:1 support on outings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Can the participant attend community access outings without staff support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Does the participants remain seated whilst travelling in a vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the participant remove their seat belt while travelling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the participant require activities while travelling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Do Any of the Following Factors Affect the Participant?

| | | |
|---|------------------------------|-----------------------------|
| (eg. books, music) | | |
| | Details: | |
| Recommended maximum travel time? | Details: | |
| Preferred seating arrangement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Is the participant able to travel independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the participant show warning signs of potential behaviour difficulties while on outings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Does the participant have a behaviour support plan? If yes, please ensure a copy is provided | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the participant able to look after their own money on outings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Can the participant participate in water activities/sports (e.g. swimming, sailing) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Physical access – mobility aids used | Details: | |

10. Access to Transport

| | | |
|---|------------------------------|-----------------------------|
| Methods of transport to and from program | To: | Method(s): |
| | From: | Method(s): |
| Does the participant have the skills to use public transport | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Details: | |
| Regular public transport services are available within walking distance of participants home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |