**CUSTOMER** **INTAKE FORM**

**Details**

|  |  |
| --- | --- |
| **First Name**  |  |
| **Last Name** |  |
| **Address** |  |
|  |  |
| **Date of Birth** |  |

**Contact**

|  |  |
| --- | --- |
| **Home Phone** |  |
| **Mobile** |  |
| **Email** |  |
| **Preferred** |  |

**Emergency Contact**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Address** |  |
|  |  |
| **Phone Number** |  |

**NDIS Details**

|  |  |
| --- | --- |
| **NDIS Number** |  |
| **Plan Dates** | **\_\_/\_\_/\_\_\_\_ TO \_\_/\_\_/\_\_\_\_** |
| **Plan Management** | **NDIA / Self Managed**  Yesor No **(**Please Circle) |
|  | **PLAN MANAGED**  |
| **If yes.. Details** |
|  |
| **Plan Attached** | **Yes or No (Please circle)** |
| **Primary Diagnosis** |  |
| **Current Provider/s** |  |
| **Current Therapist** |  |
|  |  |
|  |

**Services Required**

|  |  |
| --- | --- |
| **Support Coordination** |  |
| **Short Term Accommodation (respite)** |  |
| **Individual Supports** |  |