NDIS Participant Intake Form

1. Participant Details

Participant Name:				
Preferred Name:				
Gender:	❑ Male	❑ Female	❑ Other	❑ Prefer not to say
Aboriginal/Torres Strait Islander Descent:	❑ Aboriginal ❑ Non-Aboriginal	❑ Torres Strait Islander ❑ Not sure	❑ Aboriginal & Torres Strait Islander ❑ Prefer not to say	
Email:				
Date of Birth:				
Address:				
Phone:				
Language spoken at home:		Interpreter required:	❑ Yes ❑ No	
Preferred option for communication:	❑ Email	❑ SMS	❑ Phone call	❑ Other ______________

Is there a guardianship and/or administration order in place? ❑ Yes ❑ No

2. Emergency Contact Details

Contact Name:		Primary Carer:	❑ Yes	❑ No
		Lives with Participant:	❑ Yes	❑ No
		Emergency Contact:	❑ Yes	❑ No
Relationship to Participant:	❑ Parent	❑ Guardian	❑ Caregiver	❑ Other____________
Address:				
Phone:				
Email:				

Type of therapy/support required: ❑ Psychology ❑ Physiotherapy ❑ Dietetics ❑ Employment

3. Disability / Medical Conditions including Diagnosis (if relevant)

4. Concerns or Therapy/Employment Support Required (E.g., mobility limitations, assistive technology / communication needs, behaviours of concern, interview skills, resume writing etc.)

5. Cultural / Religious Requirements

6. NDIS Plan Goals (or attach plan)

7. Funding

Funding Type:	❑ Agency-managed	❑ Plan-managed	❑ Self-managed	
Funding Category:	❑ CB Daily Activity	❑ CB Relationships	❑ CB Health & Wellbeing	
	❑ CB Employment	❑ Other ___________________________		
NDIS Number:		NDIS Plan Dates:		Hours:
Plan Manager (*if applicable*):				
Plan Manager's Contact Details:				

8. Referrer

Name of Referrer:	
Organisation Name:	
Referrer Contact Number:	
Referrer Email Address:	

9. Consent to initial appointment fee

I confirm that I have obtained the participant's consent for New Ability Health Pty Ltd to make a service booking (agency-managed participants) or invoice (self-managed or plan-managed clients) for an initial appointment. I understand that a short notice cancellation fee will be charged if the appointment is cancelled with less than 24 hours' notice.

For applicable fees, please see [NDIS Pricing Arrangements and Price Limits]

Name:	
Signature:	Date: