

Referred by		
Name:	Organisation:	Contact number:
Relationship to client:	Email address:	
Client Details		
Name:	Primary Contact Number:	
Date of Birth:	Secondary Contact Number:	
Gender:	Current Address:	
Email Address:		
Current accommodation status:		
Primary Disability:	Secondary Disability:	Additional Information (including health alerts e.g., asthma, epilepsy)
Are there any cultural or religious needs?		
If an interpreter is required, specify what language:		
Please attach any supporting documents (e.g., NDIS Plans, medication list, medical plans, specialists reports) to office@darebinlodge.com.au .		

Nominated Person Details			
Primary Contact		Next of Kin (if different to Primary Contact)	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Telephone:		Telephone:	
Email Address:		Email Address:	
Current Services (E.g., General Practitioner, Occupational Therapist, Support Coordinator)			
Service/ Agency	Contact Name	Contact Number	Support Provided
Pension Details			
Type of pension:		Medicare Number:	
Does the client receive any other allowance from Centrelink?		Expiry Date:	
Client reference no:		Do you have a taxi concession card?	

Additional Support Information

Has the client been appointed a legal guardian?

No

Yes

If yes, please provide the guardian's name and contact number:

Has the client been appointed a financial administrator?

No

Yes

If yes, please provide the financial administrator's name and contact number:

Has the client been appointed a medical power of attorney?

No

Yes

If yes, please provide the medical power of attorney's name and contact number:

Support Information	
<p>Mobility/ Motor Skills E.g., moving about the house, getting in and out of bed, leaving the house, moving around the community.</p>	<p>Does the client require mobility assistance?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If assistance is required, please provide details:</p>
<p>Communication E.g., able to be understood as well as having the ability to understand and express needs and wants using age-appropriate speech and gestures.</p>	<p>Does the client require communication assistance?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If assistance is required, please provide details:</p>

<p>Social Interaction E.g., making and keeping friends, interacting with the community, coping with feelings and emotions.</p>	<p>Does the client require assistance to be social?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If assistance is required, please provide details:</p>
<p>Learning E.g., understanding and remembering information, learning new things and use new skills.</p>	<p>Does the client require assistance to learn?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If assistance is required, please provide details:</p>
<p>Self-management E.g., doing daily jobs, making decisions and handling problems and money.</p>	<p>Does the client require assistance with self-management activities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If assistance is required, please provide details:</p>

Personal Care	
Does the client require help with:	
Eating/ Drinking	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:
Showering	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:
Shaving/ grooming	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:

Dressing	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:
Dental hygiene	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:
Toileting	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:
Foot care/ Nail care	<input type="checkbox"/> No <input type="checkbox"/> Yes If assistance is required, please provide details:

Challenging Behaviours					
Behaviours	Present		Examples (including risks to self or others)	Triggers	Behaviour strategies
Verbal aggression	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Physical aggression	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Socially inappropriate behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Sexually inappropriate behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Impulsivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Wandering	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Self-harm	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Drug/ Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No			