

Participant Intake Form



The following form must be completed by all participants. The information will be completely confidential and used only by management and employees for the purposes of the program. The form can be completed by the participant or if assistance is required, in conjunction with a primary carer/family member.

Please complete all sections and return to Matthew Ellis (Senior Public Health Consultant)

Email: lmv@lifestyle-medicine.com.au

Personal Details

Name: _____

Gender: ____ DOB: _____

Address: _____

Phone: _____ Email: _____

Participant information

For the following sections please tick or cross the appropriate box

1. Are you registered with NDIS?

☐ Yes ☐ No

2. Who is completing this form?

☐ Applicant ☐ Family ☐ Carer ☐ Other (specify) _____

3. Where does the participant live?

☐ Home with Family ☐ On your Own ☐ With Friends

4. What is the main language spoken at home? (IE: in the family home)

☐ English ☐ Other (specify) _____

Activities and Interests

5. What activities would the participant like to be involved in?

Participant needs

The following information is to determine how we can safely and effectively cater for your needs on the program.

6. Do you require assistance with mobility?

☐ Yes ☐ No If yes what assistance is required?

7. Which best describes your communication?

☐ Verbal ☐ Non-Verbal

8. Do you use any of the following communication aids?

☐ Communication Board ☐ Makaton/Signing ☐ Electronic Aids

☐ Other (specify) _____

9. Please indicate your physical care needs for each of the following:

Meals

- ☐ Independent ☐ Some supervision needed.
- ☐ Some assistance Needed ☐ Full Assistance Needed

Clothing

- ☐ Independent ☐ Some supervision needed
- ☐ Some assistance Needed ☐ Full Assistance Needed

Showering

- ☐ Independent ☐ Some supervision needed
- ☐ Some assistance Needed ☐ Full Assistance Needed

Grooming

- ☐ Independent ☐ Some supervision needed
- ☐ Some assistance Needed ☐ Full Assistance Needed

Toilet Assistance

- ☐ Independent ☐ Some supervision needed
- ☐ Some assistance Needed ☐ Full Assistance Needed

Assistance with Medication

- ☐ Independent ☐ Some supervision needed
- ☐ Some assistance Needed ☐ Full Assistance Needed

Note: Please complete separate medical information form.

Any other information on physical care needs

10. Immediate risk factors/alert issues

11. Please indicate any medical conditions

12. Please indicate below any behavioural information (problems, triggers etc) that we need to be aware of. Presenting issues/problems or anything else.

13. Emergency Details

First Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone (w): _____ Phone (h): _____ Mobile: _____

Second Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone (w): _____ Phone (h): _____ Mobile: _____

14. Any other relevant information or comments

Please complete all sections and return to Matthew Ellis (Senior Public Health Consultant).

Email: lmv@lifestyle-medicine.com.au

General Terms and Conditions

Lifestyle Assistants/Consultants: First Aid and CPR trained. All assistants have also undertaken a CrimTrac and Working with Children Checks.

Meeting point: TBA

Cancellations: Participant attendance cancellation must be made at least 48 hours prior to the activity. Please contact Matt on 0427 733 396 or email lmv@lifestyle-medicine.com.au. If the cancellation is made within 7 days, the participant will be charged 100% of the NDIS hourly rate unless a medical certificate can be produced.

Cancellation/change of activity: In the unlikely event that an activity must be changed due to unforeseen circumstances (EG: inclement weather) the activity may be cancelled or changed. If this occurs, participants will be notified as soon as possible. Please note, this change may happen while on the program and may result in a program finishing earlier. Parent/Carers will be notified of the changes immediately if this occurs.

Arriving/Departing on time: Participants must arrive and depart on time for activities. Staff will not wait longer than 15 minutes after the time specified on your schedule. Charges will apply to participants in accordance with the above cancellation terms and conditions.

Participant Behaviour: Participants are expected to behave in a respectful manner towards staff, participants, the public and activity providers. If a participant has a known behavioural issue, please ensure management is made aware of this immediately.

Medical Assistance: In the event of any accident or illness, I authorise employees to obtain such medical assistance as is required and any expense attached. Employees reserve the right to send unwell participants home if deemed required.

Waiting List: If you miss out on a place for an activity but wish to be placed on the waiting list please contact Matthew Ellis on 0427 733 396 or email lmv@lifestyle-medicine.com.au. A position cannot be guaranteed and you may be informed at short notice of an opportunity to attend.

What to Bring: Please note that activities do not include food and drinks – unless otherwise stated. It is recommended that participants bring a healthy lunch and drink, however food and drink may be able to be purchased at own cost on some activities. Each participant must come

with transport money, valid Myki card and their concession and/or companion card. Participants must also wear appropriate clothing for the activity ie. comfortable shoes, warm clothing (April – September), cool clothing, hat (October – March) and sunscreen.

What not to Bring: Participants will be fully responsible for any valuables they bring to the program. We recommend that participants do not bring any valuables such as electronic devices, jewellery etc. that are not necessary for the program. No alcohol, cigarettes or any illegal substances are to be brought on the program nor can participants be under the influence of alcohol or illegal substances.

Transport: NDIS participants incur a travel expense item funded by the NDIA if a work vehicle is used. The travel expense will reflect on invoices. The NDIS recommends a rate of 0.97c per kilometre.

Participant Liability: Participants will be liable for any damage caused to the public or provider property while on the program. For example, if damage occurs to a work vehicle it is expected the client pay the insurance excess. Furthermore, reckless or intentional actions that lead to damage may also result in participants being banned from future programs.

Booking confirmation: Once the booking form has been received, the participant and/or parent/carer will receive a confirmation via the preferred contact method within 3 business days.

Feedback: We hope you find the range of activities enjoyable and have a great experience on the program. We encourage you to provide feedback at any time regarding the program, suggestions for activities, staff feedback or any other comments. You can send feedback at any time to lmv@lifestyle-medicine.com.au or call 0427 733 396.

