



Disatrek Client Intake Form

Client Information

- Name: _____
- Date of birth: _____
- Address: _____
- Phone number: _____
- Email address: _____
- Emergency contact: _____
- Relationship to client: _____
- Preferred contact method: _____
- Preferred language: _____
- Interpreter required? (Yes/No)

NDIS Information

- NDIS participant ID: _____
- NDIS plan manager: _____
- NDIS plan start date: _____
- NDIS plan end date: _____
- NDIS funding category: _____
- NDIS funding level: _____

Disability Information

- Primary disability: _____
- Medication:

- Other disabilities: _____
- How does your disability impact your daily life?



Support Needs

- What types of support do you need? (e.g., assistance with daily living tasks, social and community participation, capacity building, etc.)

- What are your specific goals and objectives for support?

- What are your preferred support arrangements? (e.g., individual support, group support, in-home support, community-based support, etc.)

- Are there any specific times or days of the week when you need support?

- Are there any specific activities or tasks that you need support with?

Additional Information



- Is there anything else you would like us to know about your support needs or preferences?

- Please attach any relevant documentation, such as your NDIS plan, medical reports, or other assessments.

Consent

I consent to the collection and use of my personal information by Disatrek for the purpose of providing me with disability support services. I understand that I have the right to access and correct my personal information at any time.

Signature: _____

Date: __/__/__

Please return this form to Disatrek at 104 Liamera Ave, San Remo, NSW or info@disatrek.com.au.

Thank you for your time and cooperation!