NDIS - Participant Intake Form

Participant Information					
First Name		**Surname**			
Street Address				**Post code**	
Phone/TTY		**Mobile**		**Email**	
Date of Birth		**Gender**		**NDIS #**	

NOMINEE CONTACT					
First Name		**Surname**			
Street Address				**Post code**	
Phone/TTY		**Mobile**		**Email**	

FUNDING DETAILS				
NDIS Plan Dates (dates listed on the participants NDIS plan)	Start Date		End Date	
Service Delivery Dates (dates the practitioner will begin/end delivering services)	Start Date		End Date	
Fund Management (for the funding category we will be accessing)	**Self-Managed**	**Agency Managed**	**Plan Managed**	**PACE**
If self/plan managed, invoices to (email)				

SUMMARY OF SERVICES TO BE PROVIDED	
Improved Relationships	**Number of Hours**
11_022_0110_7_3 Specialist Behavioural Intervention Support	
11_023_0110_7_3 Behaviour management plan, training in behaviour management strategies	
Improved Daily Living	**Number of Hours**
15_613_0128_1_3 Assessment Recommendation Therapy or Training - Developmental Educator	

CONSENT TO SHARE

List other organisations involved:

Completed by **Date: _____**

_____

Service Plan Information

Date Service Plan developed:	
Date Service Plan to be reviewed:	
Completed by (name):	
Practitioner/s (name):	
Individuals consulted in Service Plan development:	

CULTURAL BACKGROUND AND PREFERENCES

Aboriginal or Torres Strait Islander Origin?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander
CALD Status	
Preferred language	
Interpreter Required	

DIAGNOSES/HEALTH

Primary Disability	☐ ADHD ☐ Acquired Brain Injury ☐ Autism Spectrum Disorder ☐ Blind/Vision Impairment ☐ Cerebral Palsy ☐ Deaf/Hearing Impairment ☐ Developmental Delay ☐ Multiple Sclerosis	☐ Neurological ☐ Psychosocial Disability ☐ Speech Impairment ☐ Spinal Cord Injury ☐ Stroke ☐ Intellectual Disability ☐ Down Syndrome ☐ Other Specify:
Communication Method	☐ Verbal ☐ Non-verbal ☐ Sign language - Auslan or Makaton ☐ Key Word Sign ☐ Point/gesture ☐ Augmentative and Alternative Communication (AAC)	

Any ongoing health issues?

E.g., Mobility, Epilepsy

SUPPORTS

How will supports be provided?

Participant likes/dislikes/strengths
Goals of support

Has a home safety checklist been completed?	☐ Yes ☐ No	Comments:

Does the participant have a current Positive Behaviour Support Plan?	☐ Yes ☐ No	Comments:
Does the participant have a current risk assessment relating to their behaviour or support needs? <u>NOTE:</u> • *Complete PBS Risk Assessment for participants funded under IR* • *Complete General Risk Assessment for participants funded under IDL and Support Coordination*	☐ Yes ☐ No	Comments:

Restrictive Practices							
Date Identified	**Restrictive Type**	**Related BOC**	**Frequency** routine/PRN, provide details	**RP Prescriber**	**Risk Rating**	**Risk considerations regarding using the restraint**	
						Negative Effects	Positive Effects

Other Behaviours of Concern Please record any other behaviours of concern or significant risk that are not addressed in the above Restrictive Practice Table			
BOC Description	**Risk Rating**	**Current support strategies**	**Considerations regarding the risks of the BOC**
			i.e.: risk of utilizing Rp's if BOC is displayed

Behaviours of Concern Risk Rating and Matrix

Likelihood	
Rating	**Description**
Almost Certain	Expected to occur in most circumstances, e.g., daily
Likely	Will probably occur in most circumstances, e.g., weekly
Possible	Could occur at some time, e.g., monthly
Unlikely	Unlikely in the foreseeable future, e.g., six-monthly
Rare	Occurrence requires exceptional circumstances, e.g., yearly

Consequence	
Rating	**Description**
1 Insignificant	• No injuries • No Increase in support • No disruption to service delivery • Brief emotional disturbance
2 Minor	• Minor injury treated with First Aid • Minor emotional disturbance impacting more than 2 days – does not require treatment • Increased level of support or monitoring • Manageable disruption to service delivery • Minor property damage
3 Moderate	• Medical treatment required • Moderate emotional trauma • Increase in on-going support levels • Disruption to service delivery • Moderate property damage • Exacerbation of mental health illness requiring treatment • Abuse or neglect of a participant
4 Major	• Hospital admission or attendance for treatment • Psychological trauma • Major property damage • Service delivery is ceased • Significant faults allowing significant abuse or neglect of a participant. •
5 Catastrophic	• Loss of life • Exposure to immediate threat • Severe psychological trauma • Long term loss of ability for participant • Systemic faults of widespread abuse or neglect of participant

Consequences / **Likelihood**	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Almost Certain	**Low**	**Moderate**	**High**	**Extreme**	**Extreme**
Likely	**Low**	**Moderate**	**High**	**High**	**Extreme**
Possible	**Low**	**Moderate**	**High**	**High**	**Extreme**
Unlikely	**Low**	**Low**	**Moderate**	**High**	**Extreme**
Rare	**Low**	**Low**	**Low**	**Moderate**	**Extreme**