

# Client Intake Form

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## Client Main Contact Details

Referrer First Name:

Surname:

Organisation (if applicable):

Email Address:

Primary Telephone Number:

Relationship to participant:

Contact Number:

Support Coordinator:

## Participant Details

First Name:

Surname:

Age:

NDIS Number:

Plan dates:

Date of Birth:

Primary Telephone Number:

Email Address:

Residential Address:

Suburb/Town:

State: VIC

Postcode:

Preferred Method of Communication:

## Plan Details

Is your plan

Plan Managed / Self-Managed:

Plan Manager:

Name:

Contact Number:

Email:

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## About the Participant

Existing Support Provider (If applicable):

Marital Status:

Living situation (living alone etc):

Is the Participant Aboriginal or Torres Strait Islander? **Yes** **No**

Cognition details: **Very good** **Good** **Fair** **Poor**

Communication details: **Verbal** **Non-Verbal** **Aids**

Hearing impaired? **Yes** **No**

Interpreter required? **Yes** **No**

If So: - What is the participants 1<sup>st</sup> language?

## Care Requirements (Needs assistance with, please highlight/circle)

- Shower/Bath ☐
- Toileting ☐
- Grooming – shaving ☐
- Dressing ☐

Notes:

# Client Intake Form



## Mobility

- Independent
- Assist
- Walking Stick
- Walking Frame
- Manual Hoist
- Shower Chair
- Wheelchair (push or motorised)
- Ceiling Hoist
- L Frame
- If other, please describe

## Formal Diagnosis –

## Secondary –

## Other relevant information about the participant :

Next of Kin:

Relationship:

Name:

Address:

Contact Number:

## Emergency Contacts:

1) Name:

Relationship:

Address:

Contact Number:

2) Name:

Relationship:

Address:

Contact Number:

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Does the Participant have any behavioral issues that need to be noted? Yes ☐ No ☐

Interests:

Goals:

Additional Information:

Personal preferences regarding support workers? Yes ☐ No ☐

Allergies or Dietary Requirements? Yes ☐ No ☐

# Client Intake Form

## Shifts

Preferred start dates of services:

**TWO TYPES** of shifts:

### 1. PERMANENT Shift

-A shift that is permanent in days and hours (start time and end time) and continuous every week. This shift can only be discontinued as requested by the client.

### 2. FILL – IN Shift

- A shift that is not permanent in days and hours.

-The clients may call or email us if they wish to change from fill-in to a permanent shift.

DAYS	AM		PM	PERMANENT OR FILL-IN SHIFT
Monday		-		
Tuesday		-		
Wednesday		-		
Thursday		-		
Friday		-		
Saturday		-		
Sunday		-		

Do you require Sleepovers? **Yes** ☐ **No** ☐

Do you require service on Public Holidays? **Yes** ☐ **No** ☐

# Client Intake Form



List of Activities:

Likes and Dislikes | Do's and Don'ts:

Any other Information the Participation feels may be important for staff or Bright Living Solutions to be aware of: