

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:

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Bright Living Solutions, Rowville, Australia (ABN 29 627 630 853)



About the Participant

Existing Support Provider (If applica	able):		
Marital Status:			
Living situation (living alone etc):			
Is the Participant Aboriginal or Torre	es 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 st I Care Requirements (Needs assista - Shower/Bath - Toileting - Grooming – shaving - Dressing Notes:	language?		

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:

Address:

1) Name:

Relationship:

Contact Number:

2) Name:

Address:

Relationship:

Contact Number:



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





Additional Information:

Personal preferences regarding support workers? Yes \Box No \Box

Allergies or Dietary Requirements? Yes D No D

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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.

DAYSAMPMPERMANENT OR FILL-IN SHIFTMondayTuesdayWednesdayThursdayFridaySaturdaySunday					
Tuesday - Wednesday - Thursday - Friday - Saturday -	DAYS	AM		PM	
Wednesday - Thursday - Friday - Saturday -	Monday		-		
Thursday - Friday - Saturday -	Tuesday		-		
Friday - Saturday -	Wednesday		-		
Saturday -	Thursday		I		
	Friday		-		
Sunday -			-		
	Sunday		-		

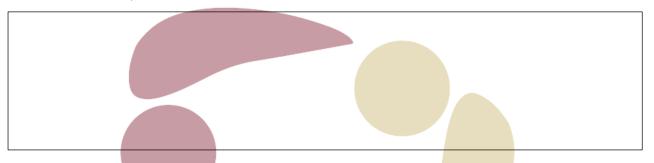
Do you require Sleepovers? Yes
No

Do you require service on Public Holidays? Yes \Box No \Box



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: