

# **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 <sup>st</sup> I <b>Care Requirements</b> (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		-		

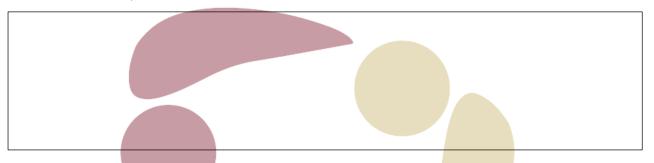
Do you require Sleepovers? Yes 
No

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: