The Behaviour & Wellbeing Clinic

PARTICIPANT INTAKE FORM

Complete this form at first contact. All information is collected in accordance with the Privacy Act 1988 (Cth) and Australian Privacy Principles.

Document Number	Version	Review Date	Approved By
BWC-F-001	2.0	Annual	Director

SECTION 1: PERSONAL DETAILS

Field	Details		
Full Name			
Preferred Name			
Date of Birth		**Gender Identity**	
Pronouns		**Cultural Background**	
Primary Language		**Interpreter Required?**	
Identifies as Aboriginal/Torres Strait Islander?			
Residential Address			
Postal Address (if different)			
Phone		**Email**	
NDIS Number		**NDIS Plan Date**	
Plan Management Type			

SECTION 2: EMERGENCY CONTACT

Field	Contact 1	Contact 2
Name		
Relationship		
Phone (Day)		
Phone (After Hours)		
Email		
Authority to Consent?		

SECTION 3: DISABILITY & SUPPORT NEEDS

Field	Details
Primary Disability / Diagnosis	
Secondary Diagnoses	
Presenting Support Needs	■ Personal Care ■ Daily Living Skills ■ Community Participation ■ Behaviour Support ■ Therapeutic Supports ■ Support Coordination ■ Other: _____
Known Risks / Alerts	
Current Medications	
Known Allergies	
Communication Needs / AAC	
Behaviour Support Plan?	

SECTION 4: ADVOCATE / REPRESENTATIVE

Field	Details
Name	
Organisation (if applicable)	
Relationship to Participant	
Phone	
Email	
Type of Advocacy	
Scope of Authority to Act	

SECTION 5: CONSENT & ACKNOWLEDGEMENT

Consent Statement

- I consent to The Behaviour & Wellbeing Clinic Pty Ltd collecting, storing and using my personal information for the purpose of delivering NDIS supports, as described in the Privacy and Confidentiality Policy.
- I understand I may opt out of certain information sharing with government bodies.
- I understand my rights under the NDIS and have been provided with the Participant Handbook and Charter of Rights.

Participant / Guardian Signature		**Date**
Print Name		**Relationship**
Staff Member Name		**Date**
Staff Signature		**Position**

Documents sighted and filed:

[ ] NDIS Plan [ ] Photo ID [ ] Consent Form [ ] Medicare Card [ ] Other: _____

Please send an email copy of this form back to info@behaviourandwellbeingclinic.com