PARTICIPANT INTAKE FORM

1. Participant Details

Participant Name		D.O.B	/ /	Gender	
Contact details	Home		Mobile		
Email address					
Language spoken at home:		Interpreter required		❒ Yes ❒ No	
Preferred option for communication	❒ Email ❒ Post ❒ Phone		Do you identify as Aboriginal and Torres Strait Islander? ❒ Yes ❒ No		
Residential Address:					
Postal Address (if different from above)					

Is there a Guardianship and/or Administration order in place? ❒ Yes ❒ No

For participants under the age of 18 years of age, under guardianship or in the care of family or caregivers please complete below

Name of Parent/Guardian 1		Primary Carer	❒ Yes	❒ No
		Lives with Participant	❒ Yes	❒ No
		Emergency Contact	❒ Yes	❒ No
Relationship to participant	❒ Parent ❒ Guardian ❒ Caregiver ❒ Other			
Residential Address:				
Postal Address (if different from above)				
Contact details	Home	Mobile		
Email address				

Name of Parent/Guardian 2		Primary Carer	❒ Yes	❒ No
		Lives with Participant	❒ Yes	❒ No
		Emergency Contact	❒ Yes	❒ No
Relationship to participant	❒ Parent ❒ Guardian ❒ Caregiver ❒ Other			
Residential Address:				
Postal Address (if different from above)				
Contact details	Home	Mobile		
Email address				

2. Disability / Medical Conditions including any diagnosis if relevant.

1.
2.
3.

Other service providers currently using

Name	
Address	
Phone number/email	
Frequency of use:	

Name	
Address	
Phone number/email	
Frequency of use:	

Name	
Address	
Phone number/email	
Frequency of use:	

3. Health Care Information

Medicare Number		Expiry Date:	
		Reference Number:	
Private Healthcare Provider		Membership Number	
		Reference Number	

Doctor Name	

Address	
Phone Number	

4. Funding

❒ NDIS Managed (A copy of the NDIS plan MUST BE provided for NDIA managed participants)

NDIS Number:	
NDIS Date:	

❒ Self-Managed ❒ Plan Managed

Please provide details for invoices

Name	
Email	
Comments	

5. Preferences

Preferred name	
Religious Requirements	
Cultural Requirements	
Communication device	
Physical Assistance	
Other Considerations	

6. Goals and Aspirations

What do you want to achieve for yourself – life skills, physically, socially etc?	
Immediately	
In 6 months	
Next year	

I understand that:

- These records are owned by this organisation.

- Information within these records will be shared with other staff within the organisation on and only when staff require the information to carry out their duties
- I can ask to see records and receive a copy
- Records are archived for a set period according to policy and procedure
- I understand that all information obtained will be kept confidential.

To the best of my knowledge, the information provided in this form is true and correct:

Signature of Participant or Parent/Caregiver: _____

Name: _____ Date: _____

Relationship to participant: _____