

Client Full Intake Form

Approved By:	Marina Kozhukhova	Version	4
Approval Date:	June 2023	Next Scheduled Review	July 2024

Assist Lifestyle Pty Ltd appreciates that everyone is unique, please help us to get to know you by answering the following:

Client/ NDIS Participant Details				
Client Full Name:	First name:		Last Name:	
Client Date of Birth:	Gender:			
Client address:	Postcode:			
Phone/ email:	Phone:		Email:	
preferred communication	<input type="checkbox"/> Phone call	<input type="checkbox"/> Text	<input type="checkbox"/> Email	
NDIS Number:				
NDIS Plan dates:	Start date:		Finish date:	
Funding type:	<input type="checkbox"/> NDIS Managed	<input type="checkbox"/> Plan managed	<input type="checkbox"/> Self managed	<input type="checkbox"/> Private funds
Plan manger details:	Name:		email::	
Support coordinator:	Name:		email:	
Emergency contact:	Name:		phone::	
relationship:			email:	
Consent for photo taken for support plan	<input type="checkbox"/> Yes			
Date of completion this intake form :				
Living arrangements:				
<input type="checkbox"/> Living alone	<input type="checkbox"/> SIL	<input type="checkbox"/> Living with someone	<input type="checkbox"/> Temporary accommodation	<input type="checkbox"/> Other
Do you have stable housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, specify:		
Is your tenancy at risk	If yes, please provide details:			
Access to residents notes:				
Parking arrangements:				
About the client:				
Tell us about yourself or your routine:				
Do you work/study/volunteer?				
Identified risks/triggers:				

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Cultural diversity:	<input type="checkbox"/> Aboriginal and/ or Torres StraitIslander	<input type="checkbox"/> Other:
Diverse group	<input type="checkbox"/> LGBTQIA, pronouns if relevant:	
Language spoken		<input type="checkbox"/> Hearing aids required
Primary Disability	<input type="checkbox"/> Psychosocial: <input type="checkbox"/> Physical: <input type="checkbox"/> Autism, level____ <input type="checkbox"/> Intellectual	<input type="checkbox"/> ADHD <input type="checkbox"/> PTSD <input type="checkbox"/> Other::
Medical conditions	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> COPD (difficulties to breathe) <input type="checkbox"/> Heart conditions <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Others:	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Blood disorders <input type="checkbox"/> HBV (Hep B) <input type="checkbox"/> HIV <input type="checkbox"/> Significant head trauma <input type="checkbox"/> Cancer <input type="checkbox"/> Mobility issues <input type="checkbox"/> Others
Preventative Health Measures	Date of recent health check Date of most recent dental check Date of most recent optometrist check Vaccinations required	_____ _____ _____ _____
Mental health:	<input type="checkbox"/> Depression <input type="checkbox"/> Psychosis <input type="checkbox"/> Anxiety <input type="checkbox"/> Obsessive Compulsive disorder <input type="checkbox"/> Other:	<input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Hoarding disorder
<input type="checkbox"/> Allergies to food:	<input type="checkbox"/> Allergies to medication:	<input type="checkbox"/> Allergies to chemicals:
Does Client have BehaviourSupport Plan	<input type="checkbox"/> Yes (If yes, are there restrictive practices? (Yes/ No) <input type="checkbox"/> No	
Please disclose any legal issues that may affect service eg.	<input type="checkbox"/> Mental Health Act (involuntary treatment)	<input type="checkbox"/> Apprehended Violence Order <input type="checkbox"/> Domestic Violence Order

Apprehended Violence Order	<input type="checkbox"/> Public Trustee Order <input type="checkbox"/> Public Guardian Order	<input type="checkbox"/> Other:
Provide name and contact details for other key care providers Doctor/ Allight health	GP Case worker Support services Other:	
<input type="checkbox"/> Consent given for sharing of information with relevant healthcare providers, indicated above		
<input type="checkbox"/> Consent given for Participant profile picture to be used for Support Plan and Profile information		
Emergency planning:	Reliance on Assist Lifestyle to meet your daily needs: <input type="checkbox"/> Yes (If Yes, Participant Emergency plan must be created) <input type="checkbox"/> No If services were disrupted, would it have impact on Participant's health and wellbeing <input type="checkbox"/> Yes (If Yes, Participant Emergency plan must be created) <input type="checkbox"/> No	

Type of service	Please let us know what type of support/services you require?	check, if yes
Core support	Household Tasks/Cleaning	<input type="checkbox"/>
	Assistance with Daily life activities and Daily tasks, grocery shopping, meals prep	<input type="checkbox"/>
	Personal care: showering, dressing, feeding	<input type="checkbox"/>
	Assistance with travel/transport, specify if need wheelchair accessible	<input type="checkbox"/>
	Access and participation in the community	<input type="checkbox"/>
	Group activities, specify:	<input type="checkbox"/>
	Companionship (emotional support)	<input type="checkbox"/>
Capacity Building	NDIS Support Coordination/ Psychosocial Recovery Coaching	<input type="checkbox"/>
	Support with your health and wellbeing	<input type="checkbox"/>
	leisure and recreation	<input type="checkbox"/>
	Meal planning and preparation	<input type="checkbox"/>
	Support to develop social networks and friendship	<input type="checkbox"/>
	Education, training or employment	<input type="checkbox"/>
	Employment/volunteering	<input type="checkbox"/>
	Training and support to maintain/finding your accommodation	<input type="checkbox"/>
	Support with literacy and numeracy	<input type="checkbox"/>
	Help with government departments and bills	<input type="checkbox"/>

	Money management	<input type="checkbox"/>
High intensity support	Bowel care/Catheter care/Stoma care/ Seizure care/PEG feeding	<input type="checkbox"/>
	Mealtime management care (swallowing, diabetes, allergy, obesity, eating disorder)	<input type="checkbox"/>
Behavior	Behavior management, Implementation of restrictive practices	<input type="checkbox"/>
Medication	Will any support workers be required to administer medication?	<input type="checkbox"/>
Other support:		<input type="checkbox"/>

Worker preferences:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preferences
Preference for support staff to wear the uniform:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other preferences for staff:

Participants NDIS Goals:

Independence:



Social participation, activities:




Health and wellbeing:

Finding job/volunteering:

Other: (referrals)

To help us understand you better, please fill the below:

	My strengths are (what I am good at)...	
	I like...	

	I don't like...	(please include any sensory considerations)
	You will know when I am happy by...	
	You will know when I am unhappy by...	
	How would you like to be supported?	
	Days and times of support required?	

Privacy and Confidentiality Statement

At Assist Lifestyle Pty Ltd, we prioritize the privacy and confidentiality of all information provided by NDIS participants. We understand the sensitive nature of the details shared during the intake process, and we assure you that all information will be treated with the utmost care and kept private and confidential.

Our team adheres to strict privacy protocols and complies with applicable privacy laws and regulations. Any personal information shared in this intake form, including contact details, health-related information, and other sensitive details, will only be used for the purpose of providing appropriate support and services as outlined in the NDIS plan.

We will not disclose or share any participant information without explicit consent, unless required by law or authorized by the participant. Our staff and support providers are trained to handle information confidentially and securely, ensuring that it is accessible only to authorized personnel involved in the provision of services.

Rest assured that we take all necessary measures to protect the confidentiality and security of your personal information, including employing industry-standard data protection and security measures.

If you have any concerns or questions regarding the privacy and confidentiality of your information, please do not hesitate to discuss them with our team. We are committed to maintaining your trust and providing a safe and confidential environment throughout our engagement.

By completing and submitting this intake form, you acknowledge that you have read and understood this Privacy and Confidentiality Statement, and you consent to the collection, use, and storage of your personal information as described herein.

If you require further information regarding our privacy practices, please don't hesitate to reach out to us.

Thank you for choosing Assist Lifestyle Pty Ltd.