

PERSONAL INFORMATION

First Name			Surnan	ne			
Preferred Name			Date O	f Birth			
lf under 18, or requi	ire assistan	ce to complete f	orm, nominate a par	ent / caregiver	D D to comple	мм ү te this form	Y
Parent / Caregiver							
name							
Full Address							
			D				
City / State			Postcoc	le			
COVID Vaccinated	Yes	No	Flu Vac	cinated	Yes	Νο	
Gender	Male	Female	Other				
Phone			Mobile pre	ferred for SMS I	Notificatior	IS	
E-Mail							
Doctor Name			Contact	:			
Disability	PHYSICAL	NTELLECTUAL C	OGNITIVE NEUROLOG	iICAL VISUAL	HEARING	PSYCHOSOCIAL	
Diagnosis /							
Additional							
Information							
Mobility Aids	WHEELIE WA	LKER WALKING	STICK WALKING FRA	.ME WHEELCHA	AIR (MANUA	L) WHEELCHAI	IR
			ER OTHER:				
ls there any							
known behaviours /							
triggers our team							
should be aware							
of?							
Living	SIL ALONE	: PARTNER PA	RENTS FRIEND SH	ARE HOUSE			
Food Allergies	No	Yes If Ye	es, please list				
-							

PAGE 1



CLIENT INTAKE FORM

EMERGENCY CONTACTS

Full Name		
Contact No		
Relationship		
to you		
Full Name		
Contact No		
Relationship		
to you		

NDIS GOALS

What are your short term goals?	
What are your long term goals?	
How can we help you achieve your goals?	



CLIENT INTAKE FORM

SERVICES / SUPPORTS REQUIRED

TRANSPORT MEDICAL APPOINTMENTS | SHOPPING | PERSONAL APPOINTMENTS | SOCIAL ACTIVITIES **Transport For** (please circle types of Our appointment transport services are door to door transport required) Approx **Appointments Per** 0 - 3 A Week 3 - 5 A Week 5+ A Week 5+ A Week Week Support Worker I need a support worker to accompany me I have my own support workers Medication If you require our team to administer any medication, please attach the **Requirements Assistance With Medications form** Male Female **Driver Preference** No preference Assistance **Required getting** Yes No into vehicle **SOCIAL ACTIVITIES / ADVENTURE DAYS** I'm interested in (tick all that are of interest) **Theme Park - Seaworld Paradise Country** Australia Zoo Theme Park - Dreamworld **Outback Spectacular Hot Air Balloon Tree Top Challenge Currumbin Zoo Theme Park - Movieworld** Adrenaline Events (iFly / Jet Boat Ride **David Fleay Wildlife Park Picnic In The Park** Sports Events (NRL / AFL / State of Origin) **Bowling** Golf **Other Activities Not Listed Availability** SU М w ΤН E S т **Medication** If you require our team to administer any medication, please attach the **Requirements Assistance With Medications form Support Worker** I need a support worker to accompany me I have my own support workers

THANK YOU FOR YOUR INFORMATION

PAGE 2



CLIENT INTAKE FORM

NDIS PLAN INFORMATION NDIS No : Plan Type : Plan Managed Plan Manag

Contact Name : Email :

SIGNATURE

I understand that;

- These records are owned by 2 Assist, please refer to our privacy policy for information on how data is stored
- This information collected is used to register my interest in utilizing services offered by 2 Assist
- A signed service agreement is required to start any support services with 2 Assist
- I can request a copy of this information at any time
- Information provided is used to register my interest in utilizing services offered by 2 Assist and will form the basis of a service agreement
- Information within this form may be shared with other staff within the organisation as required by staff in the completion of their duties
- Records are archived for a set period of time according to policy & procedure
- All information obtained will not be shared outside the organisation unless required by law, or by written request by myself.

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

Client Name	
Parent / Caregiver Name	
Client Signature (or signature of parent/caregiver)	
Date Signed	

THANK YOU FOR YOUR INFORMATION

PAGE 3