

## 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							
<b></b>			<b>D</b>				
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				
-							

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# **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

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# **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

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