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| Participant Intake form  |
| Participant name:  |  | Nominee name: |  |
| Participant DOB: |  | NDIS Number: |  |
| Family members: |  | Email:Phone number: |  |
| Primary diagnosis: |  | Secondary/ Other diagnosis: |  |
| NDIS funding category: | Core CB Improved Daily LivingCB improved relationshipsOther | NDIS Plan Management |  Self Managed Plan Managed NDIA Managed |
| Medication: |  | Cultural background: |  |
| Does the participant crave or avoid sensory input? (e.g. hates noise, or needs to make constant noise to be calm) | YesNoSometimes | Describe the type of sensory input the participant craves or avoids: |  |
| Primary behaviour which is of concern to the person / family: |  | When does this occur? |  |
| Service providers involved at present: |  | School / Day Service / other activities |  |
| Support / Care Arrangements at home: |  | Restrictive practices in use: |  |
| Legal risks at present: |  | Health risks at present: |  |
| Background/Relevant Information:Participant information here:* Family history/information
* Goals and interests
* What does the behaviour of concern look like?
* Where do the behaviours occur and how often?
* Are there specialist services in place? If so, which?
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| * Has data/assessments been collected already and if so, can we have a copy of it?
* What does the Participant do during the day? Weekends?
* Sensory information?
* Key Goals of receiving support:
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