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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 Living  CB improved relationships  Other | 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) | Yes  No  Sometimes | 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? | | | |
| * 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: | | | |