

My Intake Assessment Form

1. Personal Information	
First Name	
Last Name	
NDIS Number	
Address	
Phone	
Mobile	
D.O.B.	
Marital Status	
Gender	
Carer/Advocate	
Relevant Support Notes - Behaviours, Risks, Allergies etc.	
Primary Disability Group	
2. Details	
Key Worker	
External Services i.e. CoS	
Service	
Phone	
Address	
Formal Guardian	
Service	
Phone	
Address	
Residential Setting	
Living Arrangements	
Start Date with company	
Indigenous Status	
Country of Birth	
Residency Status	
Cultural Background	
Religion	
Main income source	
Mobility Allowance	
Communication Method	
Language Spoken	
Interpreter Required	
Employment Status	
Ex-offender history	
Homeless	

3. Medical

Medicare No.	
Private Health Ins.	
Relevant Medical Conditions	
Medications	
Date of last tetanus injection	
Allergies	
Doctor	
Name	
Phone	
Address	
Specialist	
Name	
Phone	
Address	
Preferred Pain Relief	
Who provides Consent for Medical Treatment	
Level of drug and alcohol addiction	

4. Care Details

Existence of Carer	
Name of Carer	
Relationship of carer to client	
Carer Residency status	
Does the Carer assist the service user in the areas of self-care, mobility or communication?	
Carer age bracket	
Carer emergency Contact	
Name	
Phone	Mobile
Address	
Second emergency contact	
Name	
Phone	Mobile
Address	
What family and support networks does the participant have?	
Does the participant have access to other services?	

5. Support Needs

Self-Care	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
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Mobility:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Is a current mobility support plan in place?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Copy obtained?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Communication	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Interpersonal interactions & relationships	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Learning and applying knowledge and general tasks and demands	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Literacy/numeracy	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Education	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Community and economic life	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Money handling	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Domestic Life	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Working	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Toileting	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Eating & Drinking:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Is there a modified diet or specific meal plan in place?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Copy obtained?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Nutrition/Swallowing:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Has the participant had a recent Nutrition and Swallowing Risk Assessment?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Copy obtained?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Behaviour Support:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Is a current behaviour support plan in place?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Medication:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Will Staff be required to assist?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Medication in Webster?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

6. Community Access

What type of activities does the participant enjoy?					
What type of activities does the participants dislike?					
Are there any activities the participant cannot participate in due to medical reasons?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
	Details:				

7. Do Any of the Following Factors Affect the Participant?

Noises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Crowds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Fire works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Does the participant require wheelchair access into a venue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the participant walk on uneven surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant aware of stranger danger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant wonder off or abscond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Can the participant go out in a small group with staff support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Does the participant require 1:1 support on outings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Can the participant attend community access outings without staff support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Does the participants remain seated whilst travelling in a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant remove their seat belt while travelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant require activities while travelling (eg. books, music)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Recommended maximum travel time?	Details:	
Preferred seating arrangement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant able to travel independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant show warning signs of potential behaviour difficulties while on outings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details:	
Does the participant have a	<input type="checkbox"/> Yes	<input type="checkbox"/> No

behaviour support plan? Is yes, please ensure a copy is provided		
Is the participant able to look after their own money on outings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the participant participate in water activities/sports (e.g. swimming, sailing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical access – mobility aids used	Details:	
8. Access to Transport		
Methods of transport to and from program	To:	Method(s):
	From:	Method(s):
Does the participant have the skills to use public transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular public transport services are available within walking distance of participants home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No