# INTAKE FORM FOR NDIS PARTICIPANTS

\*\*Please return this intake form along with any relevant and applicable reports, assessments, or letters to admin@embarkpotential.com.au\*\*

## Participant Details

Full Name:

Gender/Pronouns:

Date of Birth:

NDIS Number:

Diagnosis and Medical Alerts:

Address:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

Background, Religion, Spirituality, Language, and Cultural Considerations:

Risk Considerations:

Restrictive Practices in place:

## NDIS Plan Details

Plan Start and End Date:

Plan Managed By: (Self / Plan Manager / NDIA Managed)

Full Name:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call):

## Contacts and Preferences

## Primary Contact for Arranging Appointments

Full Name:

Role:

Full name:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

If this is not the client, please clarify why:

[] Client is a child.

[] Client is unable to communicate due to conditions.

[] Client is not motivated enough to arrange appointments themselves.

**Emergency Contact:**

Full name:   
 Role:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

**Advocate / Legal Guardian:**

Full name:   
 role:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

**NDIS Nominee / Representative (if relevant):**

Full name:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

Organisation:

**Support Coordinator (if relevant):**

Full name:

Organisation:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

**SIL Home Contact (if relevant):**

Address:

Name:

Organisation / Home Name:

Email and Contact Number (Preferred Communication Method: SMS / Email / Phone Call)

## Services Requested

[] Counseling / Psychotherapy

[] Exercise Physiology

[] Occupational Therapy

[] Physiotherapy

[] Podiatry

[] Positive Behaviour Support

[] Psychology

[] Specialist Support Coordination

[] Speech Therapy

[] Support Coordination

## Reports and Assessments

Assessment or Report Required (If applicable, please specify and include the due date):

## Line Item of Support

[] Improved Daily Living

[] Improved Relationships

[] Improved Health and Wellbeing

[] Daily Activity

## NDIS Plan for Behaviour Support (if required)

Please upload: