NDIS Intake Form

CENTRAL COAST
COMPASSIONATE CARE
Quality care you can trust

Instructions

Please fill in the below information.
Confidentiality is assured. This information will not be shared or discussed outside of our service.

General Information

Client Name		Address Including City, State and Postcode	
Contact Number		Mobile Number	
Email Address		Date of Birth	
Carer or Guardian's Name and Address		Carer or Guardian's Contact number	
Carer or Guardian's Email Address		Today's Date	

Diagnosis Information

NDIS Number	
Current NDIS Management	
COS	
Primary Diagnosis	
Secondary Diagnosis	
Autism Function	
Physical aid or restrictions	
Allergies	
Current Medications	
Behaviour Issues	
Calming Strategies	
Receptive Communication	
Expressive Communication	
Sensory Information	

(Including hyper- or hypo-sensory issues)	
Toileting	
Interests	

I can:

	Independent	Need Prompting	Need a Little Assistance	Not at all
Shower myself				
Dress myself				
Make myself a meal				
Wash dishes				
Clean the house				
Use Technology				
Use Public Transport				
Make friends easily				
Interact with the community				
Express my feelings				

Support Required:

Personal Care	
Disability Care	
Community Participation	
Grocery Shopping	
Domestic Cleaning	
Respite	
Group Outings	
Transport	
Supported Holidays	
Yard Maintenance	

Support Days Required:

	7am-10am	10am-2pm	2pm-5pm	5pm-8pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please indicate if you can include the following documents and submit them with this form:

- ☐ Mental Health Care Plan
- ☐ NDIS Plan (relevant sections: about me, improved daily living skills, improved relationships)
- ☐ Previous therapy assessments
- ☐ Medical information/diagnostics