NDIS CLIENT INTAKE FORM

CLIENT INFORMATION

Field	Response
Full Name	
Preferred Name	
Date of Birth	
Gender	☐ Male ☐ Female ☐ Other ☐ Prefer not to say
Contact Number	
Email Address	
Residential Address	
Language Spoken	
Are You from Aboriginal or Torres Strait Islander Descent?	☐ Yes ☐ No

NDIS DETAILS

Field	Response
NDIS Number	
Plan Start Date	
Plan End Date	
Plan Type	☐ Self-managed ☐ Plan-managed ☐ NDIA-managed
Plan Manager Name (if applicable)	
Plan Manger Contact (if applicable)	
Support Coordinator Name (if applicable)	

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Support Coordinator Contact (if applicable)	

REFERRAL SOURCE

Field	Response
Referred By	☐ Self ☐ Family ☐ Health care provider ☐ Social Worker ☐ Discharge Planner ☐ OT ☐ Support Coordinator ☐ Local Area Coordinator ☐ Council Officer ☐ Other: _____
Name / Organisation Name	
Referrer Contact/Email	
Date of Referral	

PRIMARY DIAGNOSIS / DISABILITY

Field	Response
Medical Conditions / Diagnoses	
Clinical History	
Allergies	
Mobility Status	
Communication Support Needs	
Any Safety Concerns (if any)	
Preferred Support Worker Gender	☐ Male ☐ Female

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	☐ Either (No Preference)
Additional comments	

☑ SUPPORT SERVICES REQUESTED

Tick Applicable Services
☐ Community Nursing Care
☐ Daily Personal Activities
☐ High-Intensity Daily Support
☐ Household Tasks
☐ Community Participation
☐ Development of Daily Living & Life Skills
☐ Respite Care
☐ Overnight Stay
☐ Support Coordination
☐ STA, MTA
☐ SIL, SDA
☐ Other:

🏠 LIVING ARRANGEMENT

Tick One
☐ Lives Alone ☐ Lives with Family ☐ Supported Accommodation ☐ Other: _____

📞 EMERGENCY CONTACT

Field	Response

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Full Name	
Relationship	
Contact Number	

GP / HEALTH PRACTITIONER CONTACT

Field	Response
GP Name	
Medical Centre	
Phone Number	
Email Address	
Other	

SCHEDULE OF REQUIRED SERVICES

Day	Required Service Hours	Frequency of Services Required
Monday		☐ Regularly ☐ on Request only ☐ Other: _____
Tuesday		☐ Regularly ☐ on Request only ☐ Other: _____
Wednesday		☐ Regularly ☐ on Request only ☐ Other: _____
Thursday		☐ Regularly ☐ on Request only ☐ Other: _____
Friday		☐ Regularly

		☐ on Request only ☐ Other: _____
Saturday		☐ Regularly ☐ on Request only ☐ Other: _____
Sunday		☐ Regularly ☐ on Request only ☐ Other: _____

CONSENT & SIGNATURE

Field	Response
Consent	☐ I consent to collection of my information
Contact Agreement	☐ I agree to be contacted
Client/Representative Name	
Signature	
Date	