

NDIS Intake Form

| Basic Information | | |
|--------------------|--|--|
| Name: | | |
| NDIS number: | | |
| NDIS plan dates: | | |
| Address: | | |
| Phone number: | | |
| Emergency contact: | | |
| Next of kin: | | |

Self-Description

How would you describe yourself?

Support Worker Preferences

What are the main qualities you would like in a Support Worker?

| Culture and Traditions | |
|---|----------------------|
| Do you identify with any particular culture, religion, or traditions? | |
| Culturally and Linguistic | cally Diverse (CALD) |
| Do you require any (CALD) appropriate information? | |
| Communication | |
| How would you prefer to have your documents signed? | |
| How often would you like to meet with your Support Coordinator? | |
| Relationships and Supp | ort Systems |
| What relationships do you have in your life? | |
| What current support systems do you have in your life? (e.g., family, friends, and other services) | |
| Living Arrangements | |
| What is your current living arrangement? | |
| Community Involvemer | nt . |
| Are you involved with any community groups or services? | |
| Comfort Zones | |
| Who are the most important people in your life? | |
| What places do you like going? | |
| Is there anywhere in the area that you would like to explore? | |

| Are there any places or situations that you don't feel comfortable in? | |
|--|--|
| Describe a place outside of your home where you feel most comfortable? | |
| Goals | |
| What is the biggest thing to keep in mind whilst supporting you? | |
| What are you good at? | |
| What would you like to be better at? | |
| What can we help you to achieve? | |
| Limitations | |
| What is something you struggle with? | |
| Are there any barriers in your life? | |
| What isn't working for you currently in your life? | |
| Health Information | |
| Do you have any allergies? | |
| Do you have any medications (if yes, what are they?) | |
| Do you require any medication on support? | |
| Do you need prompting or reminding? | |
| Do Support Workers have to handle medication at any time? | |
| Additional Information | |
| Do you have a Companion Card? | |