



REGISTERED  
NDIS  
PROVIDER

## Client Intake Form

### Personal information

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Contact number or other number we can call in case of no contact: \_\_\_\_\_

**Participant to engage with 715 Health Check from GP before commencement of Support:**

DATE Completed - \_\_\_\_\_ GP Visited: \_\_\_\_\_

( Please attach GP notes if applicable)

#### **In Case of emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Support Coordinator Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## NDIS Details

Self-Managed  YES  NO

Please provide email for invoices: \_\_\_\_\_

Planned Managed  YES  NO

Please provide Details of Plan Manager:

Name/ Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is client under OPG Care? \_\_\_\_\_

OPG Contact: \_\_\_\_\_

NDIS Number: \_\_\_\_\_

Plan Start Date: \_\_\_\_\_

Plan End Date: \_\_\_\_\_

Does participant prefer support worker: MALE or FEMALE

ATSI preferred Support Worker? \_\_\_\_\_

Expected Commencement Date for services with Wulli Wulli :

### Please Note:

***Wulli Wulli Indigenous Disability Services respects your privacy and will only ever use your personal information to support the delivery of services to you. No personal information is shared with anyone without your permission.***

## Participant Details

Marital Status: \_\_\_\_\_

**Participant Living Situation** (Please tick which applies)

- Own Home living by themselves
- Own home living with relatives
- Homeless
- At Risk (violence, evictions etc)
- Temporary living (friends)
- other

Is the Participant of Aboriginal or Torres Strait Islander Descent?  YES  NO

Does the participant have a current behavioural support plan? (Please attach support plan)

YES  NO

If other, please describe? \_\_\_\_\_

## Communication Details

Cognition/Sight Issues? \_\_\_\_\_

Communication: (Please circle)

- Verbal
- Non-verbal
- Auslan
- Hearing AIDS
- Other (please attached information)

Language Interpreter required? \_\_\_\_\_

Hearing Impaired Interpreter Required? \_\_\_\_\_

Any other Languages spoken? \_\_\_\_\_

## Requires Assistance with the following

### Mobility:

- Independent
- Walking Stick
- Walking Frame
- Manual Hoist
- Shower Chair
- Wheelchair
- L-Frame
- Ceiling Hoist
- Other Please describe.

Please attach any relevant information for our service to best support these needs.

### List the type of support you need:

- In-home support
- Community access

If you have any questions about the above form or about the services we provide, Please contact one of our Team Members on the below details.

**Phone:** (07)44262770

**Email:** ashleigh.hure@wulliwulli.com.au

**In Person:** Dalgety Building, 103 Denham Street, Townsville City,4810

**Mail:** PO BOX 588, Townsville City,4810