

## NDIS Client Intake Form

Participant Information			
<b>Participant Name</b>			
<b>Address</b>			
<b>Suburb</b>		<b>State / Territory</b>	
<b>Post Code</b>		<b>Gender</b>	
<b>Date of Birth</b>		<b>Age</b>	
<b>Participants contact details</b>	<b>Phone</b>		
	<b>Email</b>		
<b>Primary diagnosis / disability:</b>			
<b>Preferred contact method</b>	<p><b>Please specify the preferred method of contact for reaching you.</b></p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Text message</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Please contact my nominee</p>		
Participant Nominee / Guardian Details (is applicable)			
<b>Nominee Name</b>			
<b>Relationship to Participant</b>			
<b>Contact details</b>	<b>Phone</b>		
	<b>Email</b>		
Emergency Contact			
<b>Emergency contact 1:</b>			
Name:		Contact number:	
Relationship to Participant:			
<b>Emergency contact 2:</b>			

Name:	Contact number:
Relationship to Participant:	

Service Seeking	
<b>Please indicate the service you are seeking through Healthy Mind.</b>	
<input type="checkbox"/> Mental Health Therapy <input type="checkbox"/> Disability Support Work <input type="checkbox"/> Support Coordination <input type="checkbox"/> Psychosocial Recovery Coaching <input type="checkbox"/> Early Childhood <input type="checkbox"/> Positive Behaviour Support <input type="checkbox"/> Social Work	
NDIS Details	
<b>NDIS Number:</b>	
<b>Plan start date:</b> ___/___/_____	<b>Plan end date:</b> ___/___/_____
<b>Please choose the funding source for your NDIS plan</b>	
<input type="checkbox"/> Plan Managed – Please provide the details for the plan manager below <input type="checkbox"/> Agency Managed <input type="checkbox"/> Self Managed	
Plan management agency:	
Plan management email for invoices:	