



# CLIENT INTAKE FORM

Please provide all relevant details and email back on [harmonyhomedisability@gmail.com](mailto:harmonyhomedisability@gmail.com)

Name

DOB

Email

Address

City

Postcode

Phone

NDIS #

## SERVICES REQUIRED (YOU MAY SELECT MULTIPLE OPTIONS) \*

**Yes** **No**

1. Support Worker

 

2. Supported Accommodation (SIL)

 

3. Short/Medium Term Accommodation

 

4. SDA

 

5. Physiotherapy

 

6. Personal Care Assistance

 

7. Community Participation Supports

 

8. Nursing Care

 

9. Occupational Therapy

 

## Participant's Funding Type \*

Plan Managed  Agency Managed  Self Managed

Funding Type \*

NDIS Plan Dates:\*

Please enter any relevant information that we need to know, such as primary disability, medical history, special requests etc

What are your primary goals?

Does the participant have a current behavioural support plan?

**SUPPORTED ACCOMMODATION SUPPORT:**

**Yes**    **No**

1. Short/Medium Term Accommodation

    

2. Supported Individual Living

    

3. Specialised disability accommodation

    

4. Other

**Please describe participants mobility:**

Independent

Wheelchair

Walking stick

Walking frame

Manual Hoist

Ceiling Hoist

Shower chair

L Frame

**Assistance required in personal care:**

Shower/bath

Toileting

Grooming

Dressing

Feeding

Other

**Is the participant of aboriginal or Torres strait islander descent?**

Yes

No

Prefer not to say

**Participant living situation:**

We work closely with other agencies to coordinate the best support for you. This means your informed consent for the sharing of information will be sought and respected in all situations unless:

we are obliged by law to disclose your information regardless of consent or otherwise;  
it is unreasonable or impracticable to gain consent or consent has been refused; and  
the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people

**SIGN HERE**

**Date:**

## Referrer Details

Organisation Name \*

Referrer Name \*

Referrer Email \*

**I am aware that it is my duty to submit truthful information.**

**I agree to the terms of service**

Date

Signature

**Please attach relevant information of the participant such as NDIS plan,  
medical and or assessment reports**