|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | | | | | | | | | | |
| **Full Name:** | | | | Click or tap here to enter text. | | | | | **Preferred Name:** | | | | | Click or tap here to enter text. | |
| **Address:** | | Click or tap here to enter text. | | | | | | | **Date of Birth:** | | | | | Click or tap here to enter text. | |
| **Email:** | | | Click or tap here to enter text. | | | | | | **Phone Number:** | | | | | Click or tap here to enter text. | |
| **Do they identify as Aboriginal or Torres Strait Islanders?** | | | | | **Yes  No** | | | | **Language Spoken:** | | | | | Click or tap here to enter text. | |
| **Interpreter Required?** | | | | | **Yes  No** | |
| **Gender:** | **Male  Female**  **Non-binary  Other** | | | | | | | **Preferred Pro-nouns:** | | | **She/Her  He/Him  They/Them  Other** | | | | |
| **Next of Kin Details** | | | | | | | | | | | | | | | |
| **Full Name:** | | | Click or tap here to enter text. | | | | | | **Relationship:** | | | | | Click or tap here to enter text. | |
| **Telephone Number:** | | | | | Click or tap here to enter text. | | | | **Email:** | Click or tap here to enter text. | | | | | |
| **Address:** | Click or tap here to enter text. | | | | | | | | **Preferred method of contact:** | | | | | **Phone  Email Other** Click or tap here to enter text. | |
| **Referrer Details** | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | Click or tap here to enter text. | | | | **Relationship:** | | | | | Click or tap here to enter text. | |
| **Phone Number:** | | | | | Click or tap here to enter text. | | | | **Email:** | Click or tap here to enter text. | | | | | |
| **Company:** | | | | | Click or tap here to enter text. | | | |  | | | | | | |
| **NDIS Information** | | | | | | | | | **(Please attach a copy of the plan OR fill in the relevant section with Clients Consent)** | | | | | | |
| **NDIS number:** | | | | | Click or tap here to enter text. | | | | **Plan Dates:** | | | | Click or tap here to enter text. | | |
| **OT Plan Hours:** | | | | Click or tap here to enter text. | | |
| **Plan Managed By:** | | | | | **NDIA  Self  Financial Intermediary** | | | | | | | | | | |
| **Name:** | | Click or tap here to enter text. | | | **Email:** | | Click or tap here to enter text. | | | |
| **Support Coordinator/Recovery coach details:** | | | | | **Name:** | | Click or tap here to enter text. | | | **Email:** | | Click or tap here to enter text. | | | |
| **Phone:** | | Click or tap here to enter text. | | | | | | | | |
| **How did you hear about us?** | | | | | | Click or tap here to enter text. | | | | | | | | |

|  |
| --- |
| **Referral Details** |
| **Diagnosis:**  Click or tap here to enter text. |
| **Reason for Referral:**  Click or tap here to enter text. |
| **Medical History:** Click or tap here to enter text. |
| **Other Services Involved in care:**  Click or tap here to enter text. |

|  |
| --- |
| **Risk Information** |
| **Is there any alcohol or other drug use? (current/historical/name/frequency)** |
| **Is there any history or current episodes of aggression? (verbal or physical / frequency / intensity)** |
| **Is there any history of self harm/ suicidal thoughts/ suicide attempts? Any current?** |
| **Home visit:  Is anyone else living in the property? Any pets? Is there any environmental hazards eg hoarding/sanitary issues? Or anything else to be aware of?**  Click or tap here to enter text. |