**Participant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name: |  | Intake Date: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Preferred Name | |  | | | | | |
| NDIS Number | |  | | | | | |
| Date of Birth | |  | | | | | |
| Gender | |  | | | | | |
| Address | |  | | | | | |
| Postal Address | | (if different from above) | | | | | |
| Mobile |  | | Work ph. |  | | Landline |  |
| Email | |  | | | | | |
| Preferred Contact: | | 🞎 Post 🞎 E-mail | | | Added to mailing list: 🞎  **Office Use Only** | | |

**Other Details**

|  |  |
| --- | --- |
| Birth Country |  |
| Indigenous Status | 🞎Aboriginal 🞎Torres Strait Islander 🞎Both 🞎Neither |
| Religion | *(if relevant to provision of service)* |
| Living arrangements |  |
| Languages | Primary Language: 🞎 English 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter Required: Y / N |

**Card and permits:** Do you have the following?

|  |  |
| --- | --- |
| Photo ID | Yes / No If ‘No’, is help needed to get one? Yes / No |
| Companion Card | Yes / No If ‘No’, is help needed to check eligibility and apply? Yes / No |
| Taxi Card | Yes / No If ‘No’, is help needed to check eligibility and apply? Yes / No |
| Parking Permit | Yes / No If ‘No’, is help needed to check eligibility and apply? Yes / No |

**Funding details**

|  |  |
| --- | --- |
| Funded by (circle) | NDIS / TAC / Funds-in-Court / Self |
| NDIS Plan provided to Kyeema? | Yes / No |
| Plan Management Type | 🞎 NDIS (Agency) Managed  🞎 Plan Managed – by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Self-managed |
| Support Coordination / LAC | 🞎No 🞎Don’t know 🞎Yes-by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Carer/Nominee - 1st Emergency Contact Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name | |  | | | | |
| Relationship to Participant | |  | | | | |
| Address | |  | | | | |
| Mobile |  | | Work ph. |  | Landline |  |
| Primary Language | | 🞎 English 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter: Y /N | | | | |
| Email | |  | | | | |
| Carer assists in | | 🞎Self-care 🞎Mobility 🞎Communication 🞎Other | | | | |
| Guardianship / Custody / Child Protection | | *(If any arrangement in place, give details)* | | | | |

**Carer/Nominee – 2nd Emergency Contact Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name | |  | | | | |
| Relationship to Participant | |  | | | | |
| Address | |  | | | | |
| Mobile |  | | Work ph. |  | Landline |  |
| Primary Language | | 🞎 English 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter: Y /N | | | | |
| Email | |  | | | | |
| Carer assists in | | 🞎Self-care 🞎Mobility 🞎Communication 🞎Other | | | | |
| Guardianship / Custody / Child Protection | | *(If any arrangement in place, give details)* | | | | |

**Family Information**

|  |  |
| --- | --- |
| Name |  |
| Relationship | 🞎Child 🞎Sibling 🞎Parent 🞎 Other |
| Lives with Participant | 🞎Yes 🞎No |

|  |  |
| --- | --- |
| Name |  |
| Relationship | 🞎Child 🞎Sibling 🞎Parent 🞎 Other |
| Lives with Participant | 🞎Yes 🞎No |

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Relationship | 🞎Child 🞎Sibling 🞎Parent 🞎 Other | |
| Lives with Participant | 🞎Yes 🞎No | |
| Do any family members have a disability? | | 🞎Yes 🞎No |

**Medical Conditions/Allergies**

|  |  |
| --- | --- |
| #1.Condition / Allergy |  |
| Date diagnosed |  |
| Triggers |  |
| Treatment |  |

|  |  |
| --- | --- |
| #2.Condition / Allergy |  |
| Date diagnosed |  |
| Triggers |  |
| Treatment |  |

*(Add extra tables for additional conditions/allergies, if required)*

|  |  |
| --- | --- |
| Participant has medication to be administered by Kyeema?  *Most recent medication information will be contained in medication folders.* | 🞎Yes 🞎No |

**Disabilities**

|  |  |
| --- | --- |
| Main Disability  *(Description & when diagnosed, comments)* |  |
| Other disabilities  *(Description & when diagnosed, comments)* |  |

|  |  |
| --- | --- |
| Cross out / delete any conditions that don’t apply | |
| **Behaviours include any relevant triggers** | Wanders – Needs supervision  Absconds  Aggressive to others  Aggressive to self  Damages property  Fire Risk  Fire Lighting  Other (please specify) |
| **Medical or Health Information** | Epilepsy  Diabetes  Asthma  Physical Disability  Vision Impairment  Hearing Impairment  Psychological Condition  Heart Condition  Has medication  Has special diet |
| **Communication** | Verbal  Non-Verbal  Responds to yes or no questions  Understands and follows simple instructions  Signing  PECS (pictorial communication) |
| **Interaction with Others** | Interacts voluntarily  Accepts interaction  Needs encouragement  Dislikes Interaction |
| **Meal Time** | Independent  Needs assistance  Uses Aids to eat  Needs full assistance |
| **Mobility** | Independent  Walks with Assistance  Unsteady – falls easily  Walking frame  Wheelchair |
| **Personal Hygiene (toileting)** | Independent  Indicates his/her needs  Needs some assistance  Needs full assistance |
| **Dressing** | Independent  Semi-Independent  Needs full assistance |

|  |
| --- |
| **Requested Supports** (a general idea of type and frequency – details to be refined by Team Leader through further discussion/contact) |
| 🞎Personal care – toileting/showering 🞎Assistance with self-care  🞎Assistance with daily living skills 🞎Group activities / socialising  🞎Community access 🞎House clean/Garden care  🞎Supported Employment 🞎Overnight/Short term accommodation |
| **Notes**: (How often/how much/support worker gender preference, etc) |

**Personal preferences**

|  |  |
| --- | --- |
| Likes |  |
| Dislikes |  |
| General Notes: | |

**Health Funds**

|  |  |
| --- | --- |
| Medicare Number: | Expiry Date: |

**Health Professionals**

|  |  |
| --- | --- |
| #1.Type | 🞎 GP 🞎 Specialist 🞎 Psychologist 🞎 Therapist |
| Name / Clinic |  |
| Contact details |  |
| Reason |  |
| Last Visit Date |  |

|  |  |
| --- | --- |
| #2.Type | 🞎 GP 🞎 Specialist 🞎 Psychologist 🞎 Therapist |
| Name / Clinic |  |
| Contact details |  |
| Reason |  |
| Last Visit Date |  |

|  |  |
| --- | --- |
| #3.Type | 🞎 GP 🞎 Specialist 🞎 Psychologist 🞎 Therapist |
| Name / Clinic |  |
| Contact details |  |
| Reason |  |
| Last Visit Date |  |

Other health providers currently connected with:

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Currently Attending | 🞎Yes 🞎No | | |
| School/Facility Name |  | | |
| Year at School |  | School Address |  |

**Other Services** *(e.g. school, State Trustees, sports clubs, community clubs)*

|  |  |
| --- | --- |
| #1.Service Type |  |
| Organisation |  |
| Service Received |  |
| Comments |  |

|  |  |
| --- | --- |
| #2.Service Type |  |
| Organisation |  |
| Service Received |  |
| Comments |  |

|  |  |
| --- | --- |
| #3.Service Type |  |
| Organisation |  |
| Service Received |  |
| Comments |  |

**Access to Participant File**

I understand there are times when the CEO, Manager or Coordinator (or their relevant relievers) need to file documents relating to me or require access to information on my file that may assist with providing the best possible support and care.

|  |  |  |  |
| --- | --- | --- | --- |
| Participant/Nominee Signature |  | Date |  |

|  |  |
| --- | --- |
| Name of Kyeema Staff Member |  |