SERV 031	Positive Care Solutions	
	Intake Form	

Name	Date of Birth
Preferred Name	**Gender**
Country of Birth	**Aboriginal/Torres Strait Islander**
	☐ Yes ☐ Does Not Identify
Cultural Considerations	Referrer completing this form
Plan Management	Phone Number
☐ Plan ☐ Agency ☐ Self	
NDIS Number	Email Address
What are the NDIS plan dates?	Are there any current legal orders in place?
Is there a Behaviour Support Plan?	Behaviour Support Details
☐ **Yes** ☐ **No**	
Communication	

Is there consent to share information	**☐ Yes ☐ No**
Legally Appointed Guardian	**Legally Appointed Trustee**
Name	**Name**
Address	**Address**
Phone Number	**Phone Number**

Emergency/Preferred Contact		**Emergency/Preferred Contact**	
Name		**Name**	
Relationship		**Relationship**	
Address		**Address**	
Phone Number (Home)		**Phone Number (Home)**	
Phone Number (Mobile)		**Phone Number (Mobile)**	
Siblings 1	**Sibling 2**	**Sibling 3**	**Sibling 4**
Name	**Name**	**Name**	**Name**
Phone Number	**Phone Number**	**Phone Number**	**Phone Number**

List all Diagnosis/Conditions	
1. Condition/Diagnosis	
2. Condition/Diagnosis	
3. Condition/Diagnosis	
4. Condition/Diagnosis	

Current Education/Work Placement	
Company Name	N/A
Address	
Phone Number	
Date started	
Manager/Principle Name	

Worker Preference

Attributes	
Gender	
Skills	

Risk Assessment				
Identified Risk	**LOW**	**MED**	**HIGH**	**Comments**
Verbal Aggression	**LOW**	**MED**	**HIGH**	
Physical Aggression	**LOW**	**MED**	**HIGH**	
Property Damage	**LOW**	**MED**	**HIGH**	
Road Safety	**LOW**	**MED**	**HIGH**	
Substance Abuse	**LOW**	**MED**	**HIGH**	
Medication Compliance	**LOW**	**MED**	**HIGH**	
Smoking	**LOW**	**MED**	**HIGH**	
Personal Care	**LOW**	**MED**	**HIGH**	