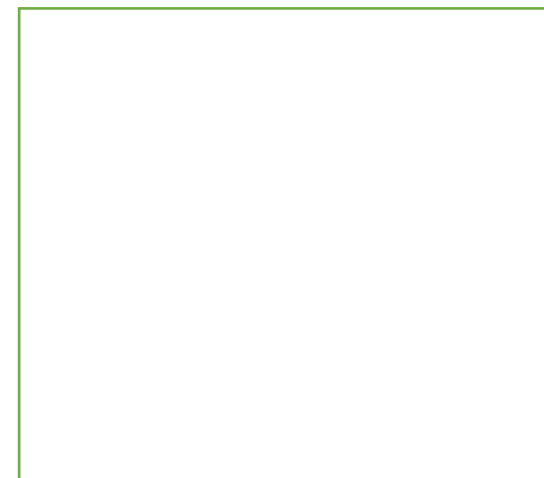


SERV 031	Positive Care Solutions	
Intake Form		

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	