

CLIENT INTAKE FORM AND RISK SCREEN

SECTION 1: Personal Information

First Name (incl preferred name)			
Last Name			
Gender		Date of Birth	
Cultural Beliefs and values identified			
Phone Number		Email	
Contact address including post code:			

SECTION 2: Accessibility information

If yes, please provide name and contact details:

Is there an alternative decision maker? (please circle yes or no)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is an interpreter required? (please circle yes or no)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is an advocate required? (please circle yes or no)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Emergency contact person and relationship to client:			
Phone Number:			
Email:			

SECTION 3: Account Details

Person responsible for the account:			
Medicare number:		Private Health Fund and Membership number:	
NDIS ONLY			
NDIS Number:			
Plan Dates:	Start date:	End Date:	
Please tick the appropriate option	Plan managed <input type="checkbox"/>	Self-managed <input type="checkbox"/>	NDIA managed <input type="checkbox"/>
If Plan managed, please provide Plan manager details:			
NDIS Goals:			

SECTION 4: Referral Details

Referring company and contact name:	
Reason for referral:	
Primary Diagnosis:	

ENVIRONMENTAL RISK SCREEN:

CLIENT NAME:

IMPORTANT NOTE WHEN COMPLETING THIS FORM.

Please answer questions as accurately and truthfully as possible. Full disclosure of any identifiable or known risks is required, as our first in-person contact will be based on the answers provided. If you are not sure, please leave this blank.

If answering YES to any of questions A to E, you may be contacted for more details.

Identifying risk factors does not aim to exclude but are essential to implement risk management protocols and providing safe services for all.

QUESTIONS (please tick appropriate box)	YES	NO
Is the client aware of the referral and purpose of the assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Will any other persons (family, friends, or other service providers) be present on site or during the visit?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any pets in the environment?	<input type="checkbox"/>	<input type="checkbox"/>
If answering YES to any of the following, please provide additional information in the section below to help us mitigate the risks involved.		
A) Is there an ongoing concern about mobile phone reception at the address of the proposed visit?	<input type="checkbox"/>	<input type="checkbox"/>
B) Are there any obvious environmental hazards? (Example - cluttered environment, steep driveways, uneven surface, unsafe neighbours)	<input type="checkbox"/>	<input type="checkbox"/>
C) Is there a current presentation or history of aggression?	<input type="checkbox"/>	<input type="checkbox"/>
D) Is there a current presentation or history of alcohol / drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
E) Is there a current presentation or history of potentially harmful or inappropriate behaviour towards others?	<input type="checkbox"/>	<input type="checkbox"/>
F) Is there a Positive Behaviour Support Plan in place, or are any restrictive practices or provisions under the Mental Health Act currently applicable?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: ALERTS / Additional Information if answering YES to questions A to E

Please provide additional information concerning identified risk/s.

The person completing this form agrees that all details are true and accurate to the best of their knowledge:

Signed: _____ Date:

Print Name in Full: