

Recovery Plus – Intake Form

Completed forms emailed to: referral@recoveryplussupport.com.au

Please attach a copy of the NDIS plan to your email

PARTICIPANT DETAILS:

First Name:	Last Name:
Date of Birth:	NDIS Number:
Preferred Language:	Cultural background / preference:
Sex recorded at birth:	Residential Address:
Gender Identity:	Suburb
Please share your pronoun:	State Postcode
Contact Number:	Email:
Emergency Contact:	Relationship to Participant:
	Contact Number:

LIVING ARRANGEMENT:

Alone <input type="checkbox"/>	Family / Partner <input type="checkbox"/>	Supported accommodation <input type="checkbox"/>
Other (Please specify) <input type="checkbox"/>		

NDIS PLAN DETAILS:

Plan Manager Details:	
Do you require assistance to set one up?	Yes
Plan Start Date:	Plan End Date:

DETAILS OF INDIVIDUAL MAKING REFFERAL:

Name:	Organisation:
Position:	Address:
Email:	Contact Number:
Are you able to sign documents on behalf of the Participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT'S DISABILITY:

Primary Disability:	Secondary Disability:
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SUPPORT REQUESTED:

Specialist Support Coordination LVL 3	Coordination of Supports LVL 2	Support Connection LVL 1
Psychosocial Recovery Coaching	Mental Health Key Worker	Daily Personal Activities

LEVEL OF SUPPORT REQUIRED: *(Please tick appropriate boxes)*

	Dependant	Needs some Assistance	Independent with use of Aids/Equipment	Independent	Not Applicable
Mobility:					
Self-Care:					
Mealtime Assistance:					
Domestic Tasks:					
Community Access:					
Communication:					

SCHEDULE:

Days of support:

☐ Monday
 ☐ Tuesday
 ☐ Wednesday
 ☐ Thursday
 ☐ Friday
 ☐ Saturday
 ☐ Sunday
☐ Flexible Weekdays

Time of support: ☐ AM ☐ PM ☐ Flexible times

Notes

SAFETY INFORMATION:

Please complete	Yes	No
Any risk of self-harm identified?		
Any harm from others identified?		
Any harm to others identified?		
Are there any pets on the property?		
Are there any firearms being stored on the property?		
Is there any history or current use of drugs at this property?		
Any risk that support staff need to know Details:		
Does the participant display any challenging behaviours? Details:		

MEDICATION AND MEALTIME INFORMATION:

Mealtime	Yes	No
When eating or drinking, do you ever have trouble swallowing		
Do you avoid any foods because they are hard to eat or give you any type of side effects?		
Does it feel like food or drink gets stuck in your throat?		
Do you ever regurgitate your food or drink?		
Medication	Yes	No
Do you take medication?		
Do you independently take medication?		

HOW DID YOU HEAR ABOUT RECOVERY PLUS SUPPORT?

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