Centre of Care
Address:5d Perpetual Drive
Truganina, VIC 3029
Phone: 1300-994-123
Website: www.centreofcare.com.au
Email Centreofcare.au@gmail.com

Intake Form

Person making referral:

Contact Name:	
Relationship to person/Position:	
Organisation/Address:	
Email:	
Phone:	

Person requiring support:

Name:			
Address:			
Phone:			
Email:			
Gender:			
Date of Birth:			
Primary diagnosis:			
Other diagnoses:			
Has a consent form been completed?	☐ **YES**	☐ **NO**	
What scheme is this person being referred under?	☐ **Medicare**	☐ **Private Health Cover**	☐ **Other**
NDIS Plan Details			
Is this person being referred under an NDIS plan?	☐ **YES**	☐ **NO**	
NDIS number:			
NDIS plan dates:			

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NDIS plan goals:	•		
Which plan goal does this intake referral relate to?	•		
What is the budget amount and hours requested for services?			
How will supports be paid?	☐ **NDIA-managed**	☐ **Self-managed**	☐ **Plan-managed**
Plan Manager Details			

Emergency Contact:

Name:	
Relationship to person:	
Address:	
Phone:	
Email:	

Please provide details, where relevant, of the following:

Service and Support	**Name of Service or Support**	**Address**	**Phone/Email**
Day and Lifestyle Centre			
School			
Supported Accommodation			
Family home			
Workplace			

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Other			

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What are the person's behaviours of concern?

What service/s are you requesting?

What outcomes are you hoping to achieve?

Who else is involved with the care of this person (e.g., Family, Carers, Service Coordinator, Psychologist, Occupational Therapist, Speech Pathologist, other services)?

Type of Care (e.g. Psychiatrist, Physiotherapist, etc)	Name	Contact details	When was their last contact with this person?

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Please list any existing reports that are available (e.g., Behaviour Support Plan, Assessment reports).

Type of report	Who prepared this report? Name and role of person	Date of report

Is the person subject to a restrictive intervention, such as mechanical restraint, chemical restraint, seclusion or other?

☐ **YES** ☐ **NO**

Are there any risk alerts the team should be aware of? E.g., safety alerts, legal issues, police involvement, media, etc.

☐ **YES** ☐ **NO**

If yes, describe: