**Participant Details**

|  |  |
| --- | --- |
| Full Name |  |
| NDIS Number: |  |
| Date of Birth |  |
| Gender |  |
| Address |  |
| Phone contact |  |
| Email |  |

**Other Details**

|  |  |
| --- | --- |
| Birth Country |  |
| Indigenous Status | 🞎Aboriginal 🞎Torres Strait Islander 🞎Both 🞎Neither |
| Religion  | *(if relevant to provision of service)* |
| Living arrangements |  |

**Card and permits:** Do you have the following?

|  |  |
| --- | --- |
| Photo ID | Yes / No If ‘No’, is help needed to get one? Yes / No |
| Companion Card | Yes / No If ‘No’, is help needed to check eligibility and apply? Yes / No |
| Taxi Card | Yes / No If ‘No’, is help needed to check eligibility and apply? Yes / No |
| Parking Permit | Yes / No If ‘No’, is help needed to check eligibility and apply? Yes / No |

**NDIS Funding details**

|  |  |
| --- | --- |
| Plan provided to SC / Kyeema? | Yes / No |
| Plan Management Type | 🞎 NDIS (Agency) Managed 🞎 Plan Managed – by whom? 🞎 Self-managed  |

**Carer/Nominee - 1st Emergency Contact Details**

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Participant  |  |
| Address |  |
| Phone contact |  |
| Email |  |
| Carer assists in | 🞎Self-care 🞎Mobility 🞎Communication 🞎Other |
| Guardianship / Custody / Child Protection | *(If any arrangement in place, give details)* |

**Carer/Nominee – 2nd Emergency Contact Details**

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Participant  |  |
| Address |  |
| Phone contact |  |
| Email |  |
| Carer assists in | 🞎Self-care 🞎Mobility 🞎Communication 🞎Other |
| Guardianship / Custody / Child Protection | *(If any arrangement in place, give details)* |

**Disabilities**

|  |  |
| --- | --- |
| Main Disability*(Description & when diagnosed, comments)* |  |
| Other disabilities *(Description & when diagnosed, comments)* |  |

**Medical Conditions/Allergies**

|  |  |
| --- | --- |
| #1.Condition / Allergy |  |
| Date diagnosed |  |
| Triggers |  |
| Treatment |  |

|  |  |
| --- | --- |
| #2.Condition / Allergy |  |
| Date diagnosed |  |
| Triggers |  |
| Treatment |  |

*(Add extra tables for additional conditions/allergies, if required)*

**Personal preferences**

|  |  |
| --- | --- |
| Likes |  |
| Dislikes |  |
| Other info re personal preferences and personal situation |  |

**Health Professionals**

|  |  |
| --- | --- |
| #1.Type | 🞎 GP 🞎 Specialist 🞎 Psychologist 🞎 Therapist |
| Name / Clinic |  |
| Contact details |  |
| Reason |  |
| Last Visit Date |  |

|  |  |
| --- | --- |
| #2.Type | 🞎 GP 🞎 Specialist 🞎 Psychologist 🞎 Therapist |
| Name / Clinic |  |
| Contact details |  |
| Reason |  |
| Last Visit Date |  |

|  |  |
| --- | --- |
| #3.Type | 🞎 GP 🞎 Specialist 🞎 Psychologist 🞎 Therapist |
| Name / Clinic |  |
| Contact details |  |
| Reason |  |
| Last Visit Date |  |

Other health providers currently connected with:

**Other Services** *(e.g. school, State Trustees, sports clubs, community clubs)*

|  |  |
| --- | --- |
| #1.Service Type  |  |
| Organisation  |  |
| Service Received  |  |
| Comments |  |

|  |  |
| --- | --- |
| #2.Service Type  |  |
| Organisation  |  |
| Service Received  |  |
| Comments |  |

|  |  |
| --- | --- |
| #3.Service Type  |  |
| Organisation  |  |
| Service Received  |  |
| Comments |  |

**Access to Participant File**

I understand there are times when the CEO, Manager or Coordinator (or their relevant relievers) need to file documents relating to me or require access to information on my file that may assist with providing the best possible support and care.

Participant/Nominee Signature: