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| --- | --- |
| Participant Name |  |
| NDIS Number |  |
| DOB |  |
| Address |  |
| Gender |  |
| Phone |  |
| Email |  |
| Nominee Name |  |
| Relationship to Participant |  |
| Nominee Address |  |
| Nominee Phone Number |  |
| Nominee Email |  |
|  |  |
| Disability/ies on NDIS file |  |
| Co-morbidities |  |
| Contactable for interview: | Verbal & cognizant  Impaired speech, needs support  Contact Nominee |
|  |  |
| Consents to Share and/or Act (Names / lodge date / receipt #) |  |
| SC Consent to Exchange Info Expiry Date (lasts 4 years) |  |
| Plan Dates: |  |
| SC funding Managed by: |  |
| Core funding managed by: |  |

|  |  |
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| **Care Team** |  |
| **Connection / Service** | **Clinic/Therapist Name & contact details:** |
| NDIS Support Coordinator | Kyeema Support Coordination, Shop 13 Pioneer Plaza, 103-111 Percy Street, Portland.  Ph: 03 5521 1666 M: |
| Family |  |
| State Trustees |  |
| Occupational Therapy |  |
| Speech Therapy |  |
| Physiotherapy |  |
| Exercise Physiology |  |
| Direct Support Service |  |
| Behaviour Management |  |
| Counselling/Psych services |  |
| Continence Nurse |  |
| Medical |  |
| Pharmacy |  |
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| **NDIS Goals from Plan** |
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