|  |  |
| --- | --- |
| 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: |  |

|  |  |
| --- | --- |
| **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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