**Client : (circle one) ADULT / CHILD**

**Client Name** **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** Street:

Suburb: State: P/Code:

**IF CHILD CLIENT:**

**Mother’s Name**  **D.O.B**

**Address**

**Contact Details** Phone (h): Phone (w):

Phone (m): Email:

 **Father’s Name**  **D.O.B**

**Address**

**Contact Details** Phone (h): Phone (w):

Phone (m): Email:

**Reason for appointment for triage purposes:**

**Paediatrician/Psychiatrist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Practitioner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicare Number:** \_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_ **Expiry:**

**NDIS Number:** Self Managed Plan Managed \_\_\_\_ NDIA Managed\_\_\_

NDIS Plan Manager Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Confirmation Emailed** on **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Quoted $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for initial appointment

|  |  |
| --- | --- |
| Discussion Checklist  | Comments |
| [ ]  Right to have a support person present |  |
| [ ]  Right to engage an Advocate |  |
| [ ]  Entry and Exit procedures |  |
| [ ]  Eligibility and priority of access  |  |
| [ ]  Conditions that may apply to service |  |
| [ ]  Fees |  |
| [ ]  Specific requirements/ preferences (interests, physical/cultural/belief-based requirements) |  |

**Intake completed & added to Power Diary by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**