



NDIS Intake Form

Client Details:

Name: _____ DOB: _____

Primary Condition: _____

Phone: _____ Email: _____

Preferred method of contact: _____ Participant #: _____

Service Requested: _____ Plan Management Style: _____

Goals: _____

Quote needed: _____ Consult Location: _____

Cultural/Social issues: _____ Trusted Person: _____

How did you hear about Coastal Rehab: _____

General Practitioner (And/or Referrer):

Name: _____

Address: _____

Phone/Fax: _____

Additional Details:

What supports are you currently receiving? _____

What AT do you currently have/use? _____

Who is your current/rehab team? _____

Do you drive? _____ Do you work? _____

Driving/Vehicle Assessment:

Do you have a current licence and *Medical Certificate for Motor Vehicle Driver Form*? _____

Do you have a current vehicle and if so, is it modified? _____

Do you transfer in & out of your vehicle independently? _____

Do you store your wheelchair yourself? _____

Please note that for a Vehicle Modification Assistive Technology request to the NDIS you will need to provide us with: Proof of vehicle registration, ownership and permission of the owner (if not participant) of the vehicle for proposed modifications. purchase date, current kilometres travelled and date checked, and possibly more information depending on your individual circumstances.

For modifications quoted over \$15,000, NDIS require a second quote to be sought and submitted with the AT request.

COPY OF NDIS PLAN ATTACHED: YES NO

Communication: Needs Interpreter: YES NO Language: