**Text

Description automatically generated**

**NDIS CLIENT INTAKE FORM**

|  |  |
| --- | --- |
| **Client name:**  **(NDIS Participant Name)** |  |
| **Client DOB:** |  |
| **Clients Phone:** (Not required if client is under 18) |  |
| **Client’s email:** (Not required if client is under 18) |  |
| **Participant’s Address:** |  |
| **Guardian Name:**  **Email:**  **Phone No:** |  |
| **NDIS Plan No.** |  |
| **Plan Dates** |  |
| **Fund management** | Plan managed  NDIA Managed  Self-Managed |
| **Plan management Company Name:**  **Email:** |  |
| **ASK:** Please sent a copy of the participant NDIS plan into our email. [reception@insightcliniccounselling.com.au](mailto:reception@insightcliniccounselling.com.au)  **INFORM:** A service agreement will be sent to them for signing prior to the appointment. It is a legal requirement by NDIS. | |
| **Referrer details:**  Name:  Name of the organisation:  Email:  Phone: | |