Physio to Home

NDIS Client Intake Form

ABN 31 686 820 824 | Phone: 1300 433 233 | Email: info@physiotohome.com

1. Client Details

Full Name

Preferred Name

Date of Birth (DD/MM/YYYY)

Gender

NDIS Participant Number

Home Address (Street, Suburb, Postcode)

Phone

Email

Preferred Language / Interpreter Required?

Emergency Contact Name

Relationship

Emergency Contact Phone

2. NDIS Plan Details

Physio to Home is an unregistered NDIS provider — services available to self-managed and plan-managed participants only.

Plan Management Type

- ○ Self-Managed
- ○ Plan-Managed
- ○ Agency-Managed (NDIA)

Plan Start Date

Plan Review / End Date

NDIA / LAC Region

Support Coordinator / LAC Name

Support Coordinator Phone

Support Coordinator Email

Plan Manager Organisation (if plan-managed)

Plan Manager Email / Invoicing Contact

3. Referral & Medical Information

Referral Source

Referring GP / Specialist Name

GP Clinic / Practice

GP Phone

GP Fax / Email

Date of Referral

Primary Disability / NDIS-Eligible Condition(s)

Relevant Medical History, Diagnoses & Comorbidities

Relevant Precautions (select all that apply)

- ☐ Falls risk
- ☐ Cardiac condition
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Cognitive impairment
- ☐ Behaviours of concern
- ☐ Pressure injury risk
- ☐ Other (specify below)

Other precautions / details

4. NDIS Goals Relevant to Physiotherapy

Participant's stated NDIS goals (from plan) relevant to physiotherapy input

e.g. improve mobility to access community, reduce fall risk, maintain function for daily living

Physiotherapy service request / reason for referral

5. Funding & Service Details

Support Category / Line Item (e.g. Improved Daily Living)

Approved Physio Budget ($)

Requested Service Type

- ☐ Initial Assessment
- ☐ Ongoing Treatment
- ☐ Home Exercise Program
- ☐ Equipment / Mobility Aid Assessment
- ☐ Carer / Support Worker Training
- ☐ Cervicogenic Dizziness Assessment
- ☐ Report Writing
- ☐ Other

Requested Visit Frequency

Preferred Visit Day/Time

Access Notes (parking, entry, keys, pets etc.)

6. Living Situation & Support Network

Living Arrangement

- ○ Lives Alone
- ○ With Family
- ○ Shared / Supported Accommodation
- ○ Aged Care Facility

Primary Carer / Support Worker Name (if applicable)

Carer Phone

Other supports involved (OT, speech pathology, support workers, etc.)

7. Consent & Declaration

I consent to Physio to Home, and my treating physiotherapist, collecting, using and disclosing my personal and health information for the purposes of assessment, treatment planning, service delivery, and liaison with my NDIS support coordinator, plan manager, GP and other relevant health providers, in accordance with the Australian Privacy Principles.

Consent (please tick to confirm)

- ☐ I consent to physiotherapy assessment and treatment
- ☐ I consent to information sharing with my Support Coordinator / Plan Manager
- ☐ I consent to my GP being informed of treatment outcomes
- ☐ I consent to photos/video for clinical assessment purposes (optional)

Client / Guardian Signature (type full name)

Date

Guardian / Nominee Name (if signing on client's behalf)

Relationship to Client

Office Use Only

Received By

Date Received

Cliniko Client ID

Assigned Physiotherapist

Initial Assessment Booked (Date)