Walk n' Talk Program Intake

Minimum Information Required

Name: _____(enquirer) Relationship to Customer: _____

Customer Name (if different): _____ Date of Birth_____/_____/_____

Funding source: _____ NDIS Plan No.: _____

Phone: _____ Email: _____

Address: _____

Contact Details for Follow Up - Customer ☐ Enquirer ☐

Customer Support Needs

Primary Disability: _____

Use of Mobility Aids: _____

Will the person need assistance with:

TASK			
Managing money	☐ Can do	☐ With help	☐ Cannot do
Using a phone	☐ Can do	☐ With help	☐ Cannot do
Walking	☐ Can do	☐ With help	☐ Cannot do
Climbing stairs	☐ Can do	☐ With help	☐ Cannot do
Transfers	☐ Can do	☐ With help	☐ Cannot do
Bed mobility	☐ Can do	☐ With help	☐ Cannot do
Carrying/moving items	☐ Can do	☐ With help	☐ Cannot do

Accessing the community	☐ Can do	☐ With help	☐ Cannot do
Washing yourself	☐ Can do	☐ With help	☐ Cannot do
Using the toilet	☐ Can do	☐ With help	☐ Cannot do
Dressing yourself	☐ Can do	☐ With help	☐ Cannot do
Eating	☐ Can do	☐ With help	☐ Cannot do
Drinking	☐ Can do	☐ With help	☐ Cannot do
Communicating	☐ Can do	☐ With help	☐ Cannot do
Taking your medication	☐ Can do	☐ With help	☐ Cannot do
Personal safety	☐ Can do	☐ With help	☐ Cannot do
Maintaining boundaries	☐ Can do	☐ With help	☐ Cannot do

Does the person have any plan in place? YES ☐ NO ☐

Plan	Only mark if 'Yes'
Behaviour support plan	☐ Yes
Restrictive practice authorisation	☐ Yes
Police protocol	☐ Yes
Mealtime management plan	☐ Yes
Nutrition and swallowing checklist	☐ Yes
Health care plan	☐ Yes
Hospital management plan	☐ Yes
Risk assessment	☐ Yes
OT and Manual handling plan	☐ Yes

Communication/Sensory plan	☐ Yes
Seizure management plan	☐ Yes
Epilepsy Plan	☐ Yes
Allergies Plan	☐ Yes
Diabetes Plan	☐ Yes
Asthma Plan	☐ Yes

General Notes

Emergency Contact

Name:_____Relationship:_____

Phone Number:_____Address:_____

Customer Medicare number: _____ Position on card:_____

Expiry date: _____/_____/_____

Customer Private Health Fund:_____

Number:_____

Transportation

Pick Up Location: _____Pick Up time:_____

Drop off Location:_____ Drop off time:_____

Customer Information

My interests are

_____

My dislikes

_____

Favorite food/drinks

_____

Dislike food/drinks

_____

Customer Funding

Private Funding ☐

NDIS funding ☐

Contact us via email: admin@manaiaassist.com.au or phone: 1 300 626 242) for any enquiry.

Date of completion: _____/_____/_____