

# Disability Services Intake and Assessment Form

Instructions: Please complete all sections of this form as accurately as possible. This document is designed for print and manual completion or physical archiving.

## 1. Applicant Personal Information

Full Name:	<input type="text"/>		
Date of Birth (DD/MM/YYYY):	<input type="text"/>	Gender:	<input type="text"/>
Residential Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Preferred Language:	<input type="text"/>	Interpreter Required (Yes/No):	<input type="text"/>

## 2. Emergency Contact & Guardian Details

Primary Contact Name:	<input type="text"/>	Relationship to Applicant:	<input type="text"/>
Contact Phone:	<input type="text"/>	Contact Email:	<input type="text"/>
Legal Guardian (If applicable):	<input type="text"/>		

## 3. Disability & Medical Details

Primary Diagnosis:	<input type="text"/>
Secondary Diagnosis (If any):	<input type="text"/>
Date of Diagnosis / Onset:	<input type="text"/>
Other Relevant Medical Conditions:	<input type="text"/>
General Practitioner (GP) Name:	<input type="text"/>
GP Clinic / Contact Number:	<input type="text"/>

## 4. Functional Assessment & Support Needs

Please describe the level of support needed in each functional area (e.g., Independent, Needs Assistance, Fully Dependent).

Functional Area	Support Level Required	Specific Needs / Equipment Used
Mobility & Transfers	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Personal Care (Bathing/Dressing)	<input type="text"/>	<input type="text"/>
Cognitive / Decision Making	<input type="text"/>	<input type="text"/>
Domestic Activities (Cooking/Cleaning)	<input type="text"/>	<input type="text"/>

Community Access & Transport	<input type="text"/>	<input type="text"/>
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**5. Current Services and Funding**

Funding Scheme / Program (e.g., NDIS, State, Private):	<input type="text"/>
Funding Reference Number:	<input type="text"/>
Existing Service Providers:	<input type="text"/>

**6. Assessor Notes & Next Steps**

<p>Assessment Notes (Line 1):</p> <input type="text"/>
<p>Assessment Notes (Line 2):</p> <input type="text"/>
<p>Assessment Notes (Line 3):</p> <input type="text"/>

**7. Signatures and Authorization**

<p>Applicant / Guardian Signature (Write name to sign physically):</p> <input type="text"/>	<p>Assessor Name:</p> <input type="text"/>
<p>Date: <input type="text"/></p>	<p>Assessor Signature:</p> <input type="text"/>
	<p>Date: <input type="text"/></p>