Intake Form

Adventurers Details

Name		Intake Date	
Address			
Email			
Phone		Date of Birth	
Gender	☐ Rather not say ☐ Male ☐ Female ☐ Other:		
Status	☐ Single ☐ Engaged ☐ Married ☐ Defacto ☐ Divorced		

Main Language Spoken at home	
Country of Birth	
Do you wish to identify as Aboriginal or Torres Strait Islander	☐ Yes ☐ No
Please list here any religious / cultural / personal matters that you would like us to be aware of	

Living Arrangements	☐ I Live alone ☐ I Live with my family ☐ I Live with others
Do you attend other activities during the week (ie: school, work, day programs etc)	

Primary Carer Details

Name		Relationship	
Address			
Email		Phone	

☐ My primary carer is also my emergency contact

Secondary Carer / Emergency Contact Details

Name		Relationship	
Address			
Email		Phone	

Please tell us a little about your other family members / carers / significant others

Nature of your Disability

Please tell us a little about your disability *(Please attach any relevant documentation/referrals)*	
Mobility	☐ I am Ambulant ☐ I use a wheelchair ☐ I use a walker ☐ Other:
Communication *(please tick all that may apply)*	☐ I am verbal ☐ I use aids to communicate ☐ Signing ☐ Gestures ☐ I need an interpreter ☐ I understand all/most things that you say ☐ Please assist me to read ☐ Please assist me to write

Is there any other information you would like to tell us?

Your Medical Information

Doctor Name			
Clinic Name			
Clinic Address		Phone	
Specialist Name			
Specialist Address		Phone	
Medicare No.		HealthCare Card No.	
Companion Card No. & Expiry Date			

Vaccinations	☐ I have been double vaccinated against Covid-19 ☐ I have a medical exemption from Covid-19 vaccination *Please provide Adventurebilities with a copy of your vaccination certificate or exemption.*
Asthma	☐ I have Asthma ☐ My Asthma Management Plan is attached
Epilepsy	☐ I have Epilepsy ☐ My Epilepsy Management Plan is attached
Diabetes	☐ I have Diabetes (Type:) ☐ My Diabetes Management Plan is attached
Allergies	☐ I have Allergies ☐ My Allergy Management Plan is attached *If you do not have an Allergy Management Plan, please tell us a little about your Allergies and how you manage them:*

If you require medication assistance while on one of our day or overnight adventures, please provide details	
Do you require PRN (taken as needed) medication while on our adventures? If so, please provide details	
Have you attached your doctor's letter with medication details?	☐ Yes, letter is attached ☐ No, I do not have a letter
If you have other medical conditions that we should know about, please provide details including how they are managed	

All about you

How do you react to new carers?	☐ Positive ☐ Negative ☐ I need some encouragement
How do you react to others	☐ Positive ☐ Negative ☐ I need some encouragement
If you have a sensory object that helps to keep you calm and you would like to bring it on our adventures, please provide details	
If you have any fears, please tell us about them	
Do you have road traffic awareness?	☐ Yes ☐ No ☐ I need reminding
Are you aware of stranger-danger and animal-danger?	☐ Yes ☐ No ☐ I need reminding
If you like to wander away or hide, please provide details	
Do you have any risk-taking behaviours? (Lighting fires etc)	
If you are likely to steal from others/shoplift, please provide details	
Do you exhibit inappropriate behaviours? Please tick all that apply	☐ Bad Language ☐ Physical Aggression toward others ☐ Damage to Property ☐ Verbally Aggressive toward others ☐ Sexualised Behaviours ☐ Disruptive of others

Please provide further details to ensure the safety of participants and staff, including triggers and management for any behaviours

If you have a Behaviour Management Plan, please give us a copy so we can ensure consistent supports with your other support providers

Food and Mealtime Preferences

If you use special aids to use when eating a meal or consuming liquid, or require assistance at meal times please provide details	
If there are any foods/liquids that you cannot have please let us know	
Is there a special reason why you cannot have those foods/liquids?	☐ Allergy ☐ Dislike ☐ My/Carer Preference ☐ Other:

Activity Preferences

Are there any sports or other activities that you enjoy either to play or watch?	
Please let us know if you can swim and what your ability is. *(If you have had a swimming assessment and hold a consent letter, please provide us with a copy)*	☐ I can swim ☐ I cannot swim

Your Routine

In this section we ask you some questions about your support needs for when we go away on overnight adventures to ensure we stick with your usual routines as much as possible. Please answer whatever is appropriate for you.

I can wash my hands	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can wash & dry myself	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can wash my own hair	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can dress myself	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can brush my own hair	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can brush my teeth	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can use the toilet by myself	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can shave myself	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I can manage my menstruation	☐ Independently ☐ Please prompt me ☐ I need assistance ☐ N/A
I have bladder control	☐ Yes ☐ No ☐ I need assistance ☐ I require continence products Details:
These are my washing preferences	☐ Shower ☐ Bath ☐ I wash in the morning ☐ I wash in the evening ☐ I require washing aids. Details:
I like to go to bed at this time	
I usually get up at this time	
My sleep routine usually includes *(please tick all that apply)*	☐ I find it hard to get to sleep ☐ I require a night light ☐ I will bring my CPAP ☐ I require active overnight support ☐ I sleep well through the night ☐ I often do not sleep well and require additional time in the morning to get going

Are there any other details or general comments you would like us to know?

Custody / Legal Arrangements

If there is an Access Alert, Court Order or other Legal Order for yourself or another family member, please provide us with details	
Has a copy of the order been provided to Adventurebilities?	☐ Yes ☐ No (If no, what is the reason?)

And finally, how did you find out about Adventurebilities?

☐ Social Media ☐ NDIS Provider Register ☐ Another Service ☐ Family/Friend ☐ Support Co-ordinator/Plan Manager

We would like to thank them, please tell us their name: