

Intake Form

Adventurers Details

Name			
Main Language Spoken at home			
Country of Birth			
Do you identify as Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Status	<input type="checkbox"/> Single	<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Engaged
	<input type="checkbox"/> Married	<input type="checkbox"/> Defacto	<input type="checkbox"/> Divorced
Living Arrangements	<input type="checkbox"/> I live with my family	<input type="checkbox"/> I live with my partner	<input type="checkbox"/> I live with others
	<input type="checkbox"/> I live alone		

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

Do you attend other activities during the week (ie: school, work, day programs etc)	
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Support needs

Mobility	<input type="checkbox"/> I am ambulant	<input type="checkbox"/> I use a wheelchair	<input type="checkbox"/> I use a walker	
	<input type="checkbox"/> Other:			
Communication <i>(please tick all that may apply)</i>	<input type="checkbox"/> I am verbal	<input type="checkbox"/> I use communication aids	<input type="checkbox"/> Signing	<input type="checkbox"/> Gestures
	<input type="checkbox"/> I need an interpreter	<input type="checkbox"/> I understand all / most things that you say		
	<input type="checkbox"/> Please assist me to read	<input type="checkbox"/> Please assist me to write		
	Transport	<input type="checkbox"/> I require home pickup / drop off	Details:	
	<input type="checkbox"/> I will provide my own transport			
	<input type="checkbox"/> I require accessible transport			
	<input type="checkbox"/> I need assistance while traveling			

All about you

How do you react to new carers?	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> I need some encouragement
How do you react to others	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> I need some encouragement
Do you have a sensory object? Please provide details			
If you have any fears, please tell us about them			
Do you have road traffic awareness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I need reminding
Are you aware of stranger-danger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I need reminding
Are you aware of animal-danger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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	<input type="checkbox"/> Bad language	<input type="checkbox"/> Physical aggression toward others
	<input type="checkbox"/> Damage to property	<input type="checkbox"/> Verbally aggressive toward others
	<input type="checkbox"/> Sexualised behaviours	<input type="checkbox"/> Disruptive of others
Do you have a Behaviour Support Plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please provide a copy)

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

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?	<input type="checkbox"/> Allergy	<input type="checkbox"/> Dislike	<input type="checkbox"/> My/Carer Preference
	<input type="checkbox"/> 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)	<input type="checkbox"/> I can swim	<input type="checkbox"/> I cannot swim	<input type="checkbox"/> Swimming Assess. provided
	Details:		
Who are your favourite sporting teams?			

Your Routine

In this section we ask you some questions about your support needs, especially 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	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can wash & dry myself	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can wash my own hair	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can dress myself	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can brush my own hair	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can brush my teeth	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can use the toilet by myself	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can shave myself	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I can manage my menstruation	<input type="checkbox"/> Independently	<input type="checkbox"/> Prompt me	<input type="checkbox"/> I need assistance	<input type="checkbox"/> N/A
I have bladder control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I require continence products.	
	Details:			

These are my washing preferences	<input type="checkbox"/> Shower	<input type="checkbox"/> Bath	<input type="checkbox"/> I wash in the morning	<input type="checkbox"/> I wash in the evening
	<input type="checkbox"/> 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 <i>(please tick all that may apply)</i>	<input type="checkbox"/> I find it hard to get to sleep	<input type="checkbox"/> I require a night light	<input type="checkbox"/> I have a CPAP	
	<input type="checkbox"/> I require active overnight support	<input type="checkbox"/> I sleep well throughout the night		
	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, what is the reason)	

And finally, how did you find out about Adventurebilities?

<input type="checkbox"/> Social Media / Website	<input type="checkbox"/> NDIS Register	<input type="checkbox"/> Another Service	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Support Coordinator
We would like to thank them, please tell us their name:				

Office Use Only:	Intake completed by:	Date
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