

# Adventurer Support Plan



Name:		
Date of Birth:		
Gender:		
Address:		
Phone:		
Email:		

**My support level and/or disability type**

My Contacts		<input type="checkbox"/> My Primary Carer is my Emergency Contact	
Primary Carer:		Emergency / Secondary Contact:	
Relationship:		Relationship:	
Contact number:		Contact Number:	

**What I really need in the case of an emergency or service interruption** *(see Personal Emergency Plan)*

My other support services and health professionals			
Description	Name	Clinic	Contact details
<b>My Doctor</b>			
<b>My Specialist</b>			

**My medical and well being needs are**

Do I rely on your supports to meet my daily living needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (see Risk Assessment)
If no, I am assisted by:		
Do I require assistance for my Covid 19 vaccinations or other immunisations	<input type="checkbox"/> No	<input type="checkbox"/> Yes / When: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

If no, who is assisting you with this:	
My medication needs (also complete a Medication Management form)	

I have:	<input type="checkbox"/> Asthma	My Asthma Management Plan is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Epilepsy	My Epilepsy Management Plan is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Diabetes (TYPE:        )	My Diabetes Management Plan is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Allergies	My Allergies Management Plan is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Further details:

Medicare Card Number / expiry	Healthcare Card Number / expiry:	Companion Card Number / expiry:

## How to support me

My NDIS Goals
<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>

Some of the things I like to do	What I really do not like

My cultural or lifestyle requests / requirements

My support preferences

Consent for photos	<input type="checkbox"/>	Yes	Social Media Consent	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
	<input type="checkbox"/>	Ask Me		<input type="checkbox"/>	Ask Me

To be completed by Adventureabilities:

Risk Management

Next Scheduled Plan Review:

Recent observations or comments		
Date / Time	Support Worker	Details