**Client Intake Form**

Please complete and return this form to [matt@believeandbecome.com.au](mailto:matt@believeandbecome.com.au) to request to be added to our waitlist for occupational therapy services. We will be in touch to confirm that we have received it. You can also call us on 0405 250 829 to complete intake over the phone.

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| **Client Name**  *Please note legal name, preferred name, preferred pronouns* |  |
| **Client Date of Birth** |  |
| **Parent/Carer Name**  *if relevant* |  |
| **Parent/Carer Relationship to Client**  *if relevant* |  |
| **Client or Parent/Carer Email** |  |
| **Client or Parent/Carer Phone** |  |
| **Client Address** |  |
| **Are there any legal or custody considerations we need to be aware of?** |  |
| **Funding source**   * *Private* * *NDIS – self or plan managed only* * *Medicare (GP Chronic Care Plan or Helping Children with Autism – gap fee payable)*   *\*Unfortunately, at this time we cannot accept Better Access for Mental Health, or NDIA managed clients.* |  |
| **NDIS Number**  *if an NDIS participant* |  |
| **NDIS Funding Type if relevant – Self or Plan Managed**  *if Plan Managed include Plan Manager contact details* |  |
| **Referrer Name and Contact details**  *if you have been referred by another health care provider* |  |
| **Services requested**  *eg. full functional capacity assessment only, initial assessment and ongoing therapy, include desired frequency if known. If you’re seeking reports for a specific purpose, please provide details.* |  |
| **Diagnosis or challenges leading to referral**   * *Note our expertise is with children and young people, and also adults with mental illness* * *Our expertise includes neurodivergence, developmental delay, intellectual disability, learning disabilities, trauma and emotional regulation, mental illness.* * *For other diagnoses, contact us to discuss whether we can help or assist you to find a specialist provider to better meet your needs.* |  |
| **Client Goals\***  *\*If a NDIS participant please forward a copy of the specific NDIS goals* |  |
| **What would be your preference for appointment location?**  *In clinic at Tahmoor, at home, or in school/preschool, a mix etc. Travel charges may apply for community visits.* |  |
| **Do you require specific times/days or can you be flexible?**  *After school appointments are in huge demand and wait periods are likely to be longer.* |  |
| **Are you willing to work with an OT Assistant if available?**  *OT Assistants work under regular supervision and deliver programs developed by the registered OT. Fees are lower.* |  |