



# Intake Form

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## The person to be supported

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

NDIS Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## Support service

Support Coordination: \_\_\_\_\_

Peer Mentor: \_\_\_\_\_

Pre-planning: \_\_\_\_\_

## The person making this referral

Your name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Your email: \_\_\_\_\_

Your phone: \_\_\_\_\_

## Current supports

Are there any therapists currently engaged (please list)

Are there any other supports engaged (please list)

Any additional information