



Respite Expression of Interest

CLIENT DETAILS

Surname:		Given Name:	
Address:			
Suburb:		Postcode:	
Phone: (H)		(M)	
Email:		Date of Birth:	
Gender:		NDIS No:	
Primary Disability:			
Secondary Disability:			

CLIENT BEHAVIOUR

Provide details on any behaviours and how you would prefer staff to manage the behaviours:

Provide details for any triggers for behaviour/s (eg; changes to routine/activity, being touched, different staff etc):

Does the client have a positive behaviour support plan? Yes No

Does the client have any restrictive practices? Yes No

CLIENT MOBILITY / MANUAL HANDLING

	Y	N
Is the client mobile?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client require the use of a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client require the use of a booster seat?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, you will need to provide manual handling and/or transfer instructions/procedure to ensure safety with all transfers		
Is the client prone to falls?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide mobility/walking instructions if needed:		
Please list any other equipment needed:		



COMMUNICATION

Is the person verbal or non-verbal

Provide details on how your person expresses themselves (eg: full sentences, sign language, simple words, use of any assistance devices).

MEDICATION

Does the client require medication? Yes No

Does your client suffer from seizures? Yes No

If yes, does the client have a Seizure Plan Yes No