

## NDIS /HCP – Intake Form

Please fill out this form as completely as possible. If you have any questions with this form, please email to [wecare@painfreephysio.com](mailto:wecare@painfreephysio.com)

Candidate Details	
Are you <input type="checkbox"/> NDIS or <input type="checkbox"/> HCP funded?	
First Name:	
Last Name:	
Gender:	
Date of Birth:	
*Address:	
*If you require home service, please fill in your address.	
Phone:	
Email:	
Primary Diagnosis:	
Main Contact Details	
Is Main Contact the same as the person receiving the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer no, please provide details here:	Relationship to the Candidate: <input type="checkbox"/> Carer <input type="checkbox"/> Family <input type="checkbox"/> Support Coordinator <input type="checkbox"/> Local Area Coordinator <input type="checkbox"/> Plan Manager  Company: Full name: Phone: Email:
Preferred contact day and time:	
Preferred method:	<input type="checkbox"/> Phone <input type="checkbox"/> Email

Service Details	
Type of service required:	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Dietetics <input type="checkbox"/> Podiatry <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Remedial Massage <input type="checkbox"/> Osteopathy <input type="checkbox"/> Chiropractic <input type="checkbox"/> Acupuncture <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work/Counselling
Preferred Delivery Mode	<input type="checkbox"/> In-clinic <input type="checkbox"/> Telehealth <input type="checkbox"/> Home Service (must provide address*)
Billing Details	
Invoice Title:	
Invoice email to:	
NDIS Details (if applicable)	
NDIS Number: NDIS Plan Start Date: NDIS Plan End Date:  How is your NDIS Plan managed? <input type="checkbox"/> Agency Managed (NDIA) <input type="checkbox"/> Self-Managed <input type="checkbox"/> Plan Managed	

### What will happen next?

Our team will contact you shortly. If you have any questions, please send an email to [wecare@painfreephysio.com](mailto:wecare@painfreephysio.com) or call us on 07-32738887.

### Cancellation policy

We know that sometimes plans change, and clients need to cancel or reschedule an appointment. We ask a notice with a minimum of 1 day before the appointment (2 days for consultation with Rick Chiang). This provides the practice to offer the spot to other clients who need the service. Failure to provide the minimum notice will result in a fee.