Ave Maria™
The Ultimate Care Destination

1800 121 123
admin@avemaria.com.au
www.avemaria.com.au

Ave Maria Intake Assessment Form

Participant's Personal Details

Legal Name: ……Preferred Name:……

DOB: …… Age: …… Gender: …… Country of Birth: ……

Aboriginal/Torres Strait Islander? ☐ Yes ☐ No

If yes, please provide details: ……

Primary language/s: ……

Interpreter required? ☐ Yes ☐ No

If yes, please provide details: ……

Allergy details (medication/food etc)? ☐ Yes ☐ No

If yes, please provide details: ……

Mobile No.: …… Landline No.: ……

Email: ……

Address: ……

……

Designated Carer/Emergency contact person's name: ……

Relationship with Applicant: ……

Mobile number: ……

Are there any Guardianship/Public Trustee/Financial management orders in place? ☐ Yes ☐ No

If yes, please provide details: ……

Current financial situation: Income from work ☐ New start Payment ☐ Carers Allowance ☐ DSP Payment ☐ Parenting Payment ☐ Sickness Benefit ☐ Applying for a DSP Payment ☐ Other ☐

Current Accommodation: Own house ☐ Rent ☐ Supported living ☐ Nursing Home ☐ Department of Housing ☐ Other ☐

1800 121 123
admin@avemaria.com.au
www.avemaria.com.au

Participant's Disability /Health Details

Primary Disability (mental health/intellectual disability/physical health etc):

……

Any other disabilities? ……

Clinical Diagnosis (Both Physical and Mental Health):

……

Is the participant under Community Treatment Order (CTO)? ☐ Yes ☐ No

If yes, details including CTO expiry date:

……

Attach recent Medical Summary Report from the medical practitioner here -

Attach current medication list (Including Depot injection) from the treating medical practitioner here-

How many hospital admission has the consumer had in last 2 years for mental health needs:

……
……
……
……

When was the last hospital admission length of stay?

……

Attach hospital discharge summary (if hospitalised in the last 12 months) here

Any major surgery in last 3 years: ……

Attach COVID 19 vaccination certificates here

Participant's Current Level of Supports Needs

Participant's current supports needs – Supported Independent Living(SIL) ☐ Short term accommodation(STA) ☐ Medium term accommodation(MTA) ☐ Community access ☐ Transport/In-home support ☐ Others ☐

Assistance with Personal care?

1800 121 123
admin@avemaria.com.au
www.avemaria.com.au

……

Details of incontinence (if any): ……

Assistance with shopping or cooking?

……

Assistance with transport?

……

Any special equipment for mobility?.....

Any communication or sensory impairment issues?

……

Attach a recent Occupational Therapy (OT) Assessment here

Attach Behaviour Support Plan(BSP) here

Level of support required (for SIL & SDA):

- Supported Independent living without 24/7 staff support- Low Care ☐
- Supported Independent living with 24/7 staff support-Standard Care ☐
- Supported Independent living with 24/7 staff support- Complex Care ☐

Participant's Risk Assessment Details

Risk of fall Yes☐ No☐

If yes, please provide details: ……

Risk of wondering Yes☐ No☐

If yes, please provide details: ……

History of Alcohol used: Yes☐No☐ If current user: How much:……..How often:……

History of Smoking: Yes☐No☐ If current smoker: How many daily: …….

History of Substance use: Yes☐No☐ Current user Yes☐ No☐

If Yes, provide details below:

1800 121 123
admin@avemaria.com.au
www.avemaria.com.au

- Amphetamines: Yes☐ No☐ If Yes: How much:……...How often:…….
- Cannabis/THC: Yes☐ No☐ If Yes: How much:……...How often:…….
- Benzodiazepines: Yes ☐ No☐ If Yes: How much: ……..… How often: …….
- Any other Recreational drugs: Yes ☐ No☐ If Yes,

  Name:……How often:…….
- Prescription medication: Yes☐ No☐ If yes,

  Name:…… How often: …….

Current risk of Withdrawals from any of above: Yes ☐ No ☐ Details if Yes:……..

……

Please provide details below including history/current (if required)

History of Suicidal Attempt: Yes☐No☐ Current Risk: High ☐ Med ☐ Low ☐

History of Self-harm: Yes☐No☐ Current Risk: High ☐ Med ☐ Low ☐

History of harming others: Yes☐No ☐ Current Risk: High ☐ Med ☐ Low ☐

Sexual Vulnerability: Yes☐No ☐ Current Risk: High ☐ Med ☐ Low ☐

Financial Vulnerability: Yes☐No☐ Current Risk: High ☐ Med ☐ Low ☐

History of Aggression/violence: Yes☐No☐ Current Risk: High ☐ Med ☐ Low ☐

History of Property damage: Yes☐No ☐ Current Risk: High ☐ Med ☐ Low ☐

Family History of Mental health illness/Suicide: Yes☐ No☐ Details if Yes: …….

……

Forensic history or Legal concerns (if required):……

Please list any other conditions that the participant may experiences that impact on their ability to function daily tasks (include physical, mental health or intellectual problems):

……

……

1800 121 123
admin@avemaria.com.au
www.avemaria.com.au

NDIS Plan Details

NDIS participant number: ……

NDIS plan start date: ……

NDIS plan end date: ……..

Plan Type: NDIA ☐ Self-managed☐ Plan Nominee ☐ Plan management provider ☐

Plan Nominee / Management provider details (if applicable)

Name: ……Phone : ……

Email :……

Attach the NDIS plan here

Participant's Clinical/Non-clinical Support Details

Name of GP: ……

Contact Details: ……

Address: ……

……

Name of Psychiatrist: ……

Psychiatrist Contact Details: ……

Name of Case Manager: ……

Case Manager Contact Details: ……

Support Co-ordinator's Details

Name: ……

Contact Details: ……

Email: ……

Agency / Organisation: ……

Are you aware of any other agencies supporting this person (ex: community mental health team,

1800 121 123
admin@avemaria.com.au
www.avemaria.com.au

psychologist, counsellor, NGOs etc) ☐ Yes ☐ No If yes, please list the details below:

1. ……2. ……..

3. ……4. ……

Referrer's Details

Name: ……

Relationship to Participant: ……

Name of Organisation: ……

Contact Details: ……

Email: ……..

Do you have consent from the participant to make this referral? Yes☐ No☐

If no, please provide reason: ……

Signature of Participant/Referral person:…… Date: ……

How did you here from us?

……

Please attach any other relevant documents such as Mental Health Risk assessment/safety plan etc

We will be in touch within three business days to organise an appointment with you. However, in the meantime if you have any questions about our services or requires urgent support, please contact us on **1800121123** or admin@avemaria.com.au

Ave Maria's Privacy Statement

All information gathered through this application process is kept strictly confidential and will not be disclosed to any third parties outside of Ave Maria service providers except as may be permitted or required by law.