CDNI Care Pty Ltd
Client Support Plan

Getting to know you
CDNI Care Pty Ltd appreciates that everyone is unique, please help us to get to know you by answering the following:

General Info					
Today's Date:					
Participant Name:			**Participant DOB:**		
Address:					
My preferred contact method:			**Name of Enquirer:**		
My preferred emails:			**Enquirers Contact #:**		
How is Enquirer related:					
☐ **ATSI Information**	☐ **Aboriginal but not Torres Strait Islander origin**	☐ **Torres Strait Islander but not Aboriginal origin**	☐ **Both Aboriginal and Torres Strait Islander origin**	☐ **Neither Aboriginal or Torres Strait Islander origin**	☐ **Prefer not to answer**
Which services are you interested in?					

Name:	DOB:
Address:	Home phone: Mobile: Work: Email:
Living arrangements: (who do you live with?)	
Living environment: (e.g. unmodified or modified home/unit for my needs, support accommodation)	
Carer Name: (if applicable)	
Address:	Home phone: Mobile: Work: Email:
Diagnosis:	Date of Diagnosis:
Medical History:	
GP Name:	
Address:	Work ph: Email:
What is important to you?	What are your goals for the next 12 months?

A bit about you and your goals		
To help us understand you better, please fill the below:		
💪	My strengths are (what I am good at)...	
👍	I like...	
👎	I don't like… (please include any sensory considerations)	
🙂	You will know when I am happy by...	
😔	You will know when I am unhappy by...	
💬	I prefer to communicate by...	

NDIS Funding Info			
NDIS plan no:			
Plan start date:		**Plan end date:**	
How is funding managed:	☐ **Self-managed**	☐ **Financial plan managed**	☐ **Agency**
Confirm appropriate funding:	☐ **Yes**	☐ **No**	
Which of the following funds are available for us in your plan?			
☐ **Inclusion support**	☐ **Core supports**	☐ **Assistance with Social, Community & Civic Participation**	
Financial plan management information			
Are you happy to provide a copy of the plan?	☐ **Yes**	☐ **No**	
Note: Providing your plan is not essential but is very helpful			

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6.00-7.00 am							
7.00-8.00 am							
8.00-9.00 am							
9.00-10.00 am							
10.00-11.00 am							
11.00-12.00							
12.00 – 1.00 pm							
1.00-2.00 pm							
2.00-3.00pm							
3.00-4.00 pm							
4.00-5.00 pm							
5.00-6.00 pm							
6.00-7.00 pm							
7.00-8.00 pm							
8.00-9.00 pm							
9.00-10.00 pm							
10.00 pm +							

Dietary Requirements		
I have the following allergies/intolerances and my favourite food is...		
No dietary requirements	☐ **Yes**	☐ **No**
Vegetarian	☐ **Yes**	☐ **No**
Vegan	☐ **Yes**	☐ **No**
I am allergic to (please list)		
I am unable to eat (sensory/intolerances)		
My favourite food is...		
CDNI Care Pty Ltd can assist me during mealtimes by...		
☐	I can identify what foods are safe for me to eat (if required due to allergy or dietary requirements).	

☐	If I have a food allergy, I have provided CDNI Care Pty Ltd with a management plan.
☐	If required I will bring any medications to assist me with my allergy and have completed the relevant medical forms
☐	I prefer to provide my own food and will do so

Mental Health			
I have/experience...			
☐	Depression	☐	Anxiety
☐	Psychosis	☐	Schizophrenia
☐	Bipolar	☐	Other
I would like CDNI Care Pty Ltd to help me manage this by...			
My triggers may include...			
I am supported/linked with the following organisations who assist me… (Please supply relevant management plans.)			

☐	I have received medical support to assist me and CDNI Care Pty Ltd has a copy of any relevant management plans to help me manage.

Functional Requirements

Activity	Tick one	Domestic and personal care	Provide details of the aids and assistance required, from whom and when
Housework	☐	Can maintain home without help (including laundry)	
	☐	Need some assistance (cleaner, change light bulb)	
	☐	Completely unable to do housework	
Transport	☐	No help needed (drives own car, or travels independently on public transport or by taxi)	
	☐	Need some help (someone to drive or accompany when travelling)	
	☐	Can only travel in specialised vehicle	
Shopping (has transport)	☐	Can take care of all shopping needs on own (including internet shopping)	
	☐	Need some help (someone to accompany on most shopping trips)	
	☐	Completely unable to do any shopping	

Meal preparation	☐	No help needed (can plan, prepare, cook and ensure nutrition)	
	☐	Need some help	
	☐	Completely unable to prepare meals and manage nutrition	
Eating	☐	No help needed	
	☐	Some help needed (cutting up food, spreading butter, pouring drink, modified cutlery)	
	☐	Completely unable to eat without help (spoon feeding)	
Taking oral medication	☐	No help needed (right dose and right time)	
	☐	Need some help (someone prepares, reminds, pre-packed)	
	☐	Completely unable to take own medicines without help	
Handling money	☐	No help needed (banking, paying bills, keeping track of finances)	
	☐	Need some help (can manage day to day buying but needs help with paying bills)	
	☐	Completely unable to manage money	
Telephone	☐	No help needed (can make and receive phone calls including using assistive devices)	

	☐	Needs some help	
	☐	Completely unable to use telephone	
Mobility	☐	No help needed (except use of stick)	
	☐	Need some help (person, walker, crutches or self-propelled wheelchair including cornering)	
	☐	Completely unable to walk or needs to be pushed in wheelchair	
Transfers Bed/chair	☐	No help needed	
	☐	Need some help (person or equipment)	
	☐	Unable to manage (unable to balance while sitting)	
Bathing Showering	☐	No help needed (get in and out of bath/shower and wash unaided)	
	☐	Need some help (rails, shower chair, person to shampoo hair) but can wash themselves	
	☐	Completely unable to bathe/shower on own	
Oral care	☐	No help needed (includes using electric toothbrush)	
	☐	Need some help (prompting)	

	☐	Completely unable to manage mouth care and cleaning teeth	
Dressing	☐	No help needed	
	☐	Need some help (zips, buttons, laces but can put on some garments)	
	☐	Completely unable to dress	
Grooming (makeup, hair, nails, shaving)	☐	No help needed	
	☐	Need some help	
	☐	Completely unable to manage any grooming without help	
Toileting	☐	No help needed (can get on and off, remove clothing and clean thoroughly)	
	☐	Need some help	
	☐	Completely unable to manage toileting without help	

Health requirements

Activity	**Tick one**		**Outline condition, treatments, aids/assistance required, from whom and when**
Continence	☐	Continent with regular bowel and bladder action	

	☐	Constipation, diarrhoea or incontinence (using medication, supplements, pads)	
	☐	Medical interventions (catheter, stoma bag)	
Skin Integrity	☐	No skin problems	
	☐	Some skin problems (rash, skin treatments)	
	☐	Pressure areas (currently have, at risk, or had in past)	
Swallowing	☐	No swallowing issues	
	☐	Some swallowing problems (choking, coughing during normal meal, reduced appetite)	
	☐	Major swallowing difficulties (modified diet, feeding tube)	
Health professionals	☐	Have had a GP check up in the last 12 months	
	☐	See a specialist regularly	
	☐	Have a case manager/support coordinator	
Muscular pain	☐	No pain	
	☐	Moderate pain	

	☐	Severe pain	
Nerve pain	☐	No pain	
	☐	Moderate pain	
	☐	Severe pain	
Falls	☐	No falls in past 12 months	
	☐	Less than 3 falls and no serious injury from a fall in past 12 months	
	☐	More than 3 falls or a serious injury from a fall in the past year	
Muscular issues (other than pain)	☐	No problems	
	☐	Some muscle weakness, tremor, spasms, spasticity or problems with balance	
	☐	Serious muscle weakness, tremor, spasticity or problems with balance	
Other health concerns	☐	Fatigue	
	☐	Visual disturbance	
	☐	Temperature intolerance	

	☐	Other comorbidities	

Social Requirements

Activities	Outline how you want to do this activity	Provide details of the activity, the time spent, the assistance required, from whom and when (including vouchers)
Example: I love cooking	● I like to watch cooking shows on TV ● I like to buy good cook books ● I like to prepare my own meals ● I like to attend cooking classes regularly	● I need a TV in my room with good reception. ● I need a computer/tablet and high speed internet or Wi-Fi to buy books online. ● I would like to have access to a kitchen to prepare my own meals 2 x per week ● I need a maxi taxi and carer/staff member to take me to cooking classes once a month
Family:		
Hobbies & Interests:		
Outings: E.g. theatre, cafes, exhibitions, drives, group activities		
Computer: E.g. games, shopping, education, bookings		
Employment:		

Education, Volunteering		
Sports:		
Music: Likes, dislikes		
Movies/TV: Likes, dislikes		
Well-being: E.g. exercise, gym, swimming, massage, yoga, meditation etc...		
Food and alcohol: Likes, dislikes, diets		
Other:		

Behavioural requirements

Issue	Tick one	Assistance I need	Outline the issue, aids, assistance and management strategies required
Communication	☐	No assistance required (including independent use of aids and adaptive technology)	
	☐	Some assistance required (prompting, assistance with aids)	
	☐	Assistance always required	
Memory problems Confusion	☐	No	
	☐	Yes	
Concentration problems	☐	No	
	☐	Yes	
Planning problems	☐	No	
	☐	Yes	
Spiritual needs	☐	No	
	☐	Yes	
Mood	☐	Mostly positive	
	☐	Experience sadness, anxiety or emptiness around 50% of time	

	☐	Feelings of anxiety, sadness or emptiness lasting most of the day, nearly every day	
Decision Making	☐	No help needed	
	☐	Need some help	
	☐	Not able to make any decisions	
Do you have a will?	☐	No	
	☐	Yes	
Do you have an Enduring Power of Attorney or Guardian?	☐	No	
	☐	Yes	
Do you have an Advance Care Plan?	☐	No	
	☐	Yes	

What things are important for people to understand about you when caring for you?	**Provide details**	**Outline how you like this to be managed**
Who makes the decisions?		

What routines do you have?		
What makes you happy?		
What helps you relax?		
What causes you stress?		
What makes you frustrated?		
What makes you angry?		
Other		