

DIETITIAN INTAKE FORM (NDIS)

Thank you for contacting SSDiets, registered providers of NDIS funded Nutrition services. As per NDIS requirements an SLA (Service Level Agreement) has to be written and signed by both the provider & the participant (or participant's representative). The SLA is a large document outlining the anticipated expenses (100% covered by NDIS) associated with the work based on the requirements of the individual client and/or facility.

Please kindly complete the below information so as SSDiets can complete the SLA, which the participant (or participant's representative) will need to sign. Kindly return this form to contact@ssdiets.com.au or fax it to 02 8569 2321. If you have any questions kindly call our rooms on 02 8034 6465.

PARTICIPANT DETAILS	
Name	
Address	
Date of Birth	
Contact Phone	
Contact Email	
NDIS Number	
Plan Start Date	Plan End Date
Funding Category (please tick)	<input type="radio"/> Health & Wellbeing <input type="radio"/> Improved Daily Living Skills
Plan Management Status (please tick)	<input type="radio"/> Self Managed <input type="radio"/> Agency Managed <input type="radio"/> Plan Managed
Plan Managers' Name	
Plan Managers' Email	



NEXT OF KIN/GUARDIAN (EMERGENCY CONTACT)

Name	
Mobile	
Email	

REFERRER

Name	
Phone	
Email	

POTENTIAL PARTICIPANT RISKS

RISK	Y/N	Mitigations
Epilepsy/Seizure		
Challenging behaviour		
Allergies		
Balance/Falls		
Manual Handling/Lifting		
Other		

Kind Regards,



Alexandra McClelland
Managing Dietitian
BSc (Nutr and Psyc), MND.

