



Dance Movement Therapy Intake Form

My Details:

Today's Date:		
First Name:	Family Name:	Preferred Name:
Age:		
Parent/Legal Guardian (if under 18)/Representative:		
Address:		
Contact number/s:	Email:	
OK to leave a message? <input type="checkbox"/>		

My NDIS Details:

Participant Number:	
Plan Management:	
Agency <input type="checkbox"/> Self <input type="checkbox"/> Plan <input type="checkbox"/> Not Sure <input type="checkbox"/> <i>(Please tick all that apply)</i>	
Do you have a current NDIS plan? <input type="checkbox"/> Yes, and I have provided a copy <input type="checkbox"/> No <input type="checkbox"/> Yes, but I'd like to find out more about Dance Movement Therapy first	
Case/Plan Manager:	Organisation:
On what date is your NDIS plan due for review?	
My NDIS Goals: 1. 2. 3. 4. <i>*Add as many or few goals of relevance provided within NDIS Plan</i>	

How I like to be supported:

How I like to communicate:	
----------------------------	--



DTAA TEMPLATE: INTAKE FORM

	<p><i>Communication preferences/support needs if relevant. This may also include preferences relating to out of session correspondence</i></p>
My mobility:	<p><i>Mobility preferences, support needs and/or any pre-existing injuries.</i></p>
My health:	<p><i>A general overview of health, fitness levels and details of any pre-existing health conditions or injuries it is important for the DM Therapist to know about. Please attach relevant documentation such as Epilepsy/Asthma/Allergy Plans. These will be stored securely and confidentially.</i></p>
My safety:	<p><i>If relevant please detail any Positive Behavioural Support information to support the DMT in providing safe and supportive service to you.</i></p>
My mental health:	<p><i>If you would like to share any information with the DM Therapist relating to your mental health or life experiences please indicate this here with a description or request to speak in person. Some examples might include managing a mental health condition, significant life experiences (positive or negative), or managing relationships in your life.</i></p>



DTAA TEMPLATE: INTAKE FORM

Important people in my life:	<p><i>Family, friends or professionals who know me well, that I am happy for the DM Therapist to speak to about supporting me with my permission.</i></p>
Other important information:	<p><i>Please add here any other important information you would like your DM Therapist to know about.</i></p>

What I want to get out of my Dance Movement Therapy:

I am interested in: Group Sessions One on one sessions

My strengths and/or special interests are:

My favourite/preferred music is:

I want to explore the following issues/themes in my DMT sessions:

In my DMT sessions it is important that I...

Please add here any information linked to preferences for sessions – ie. length of sessions, opportunities for rest, a space to retreat to, any special equipment required.

Any other information you would like to share: