

# Are you involved with any of these services now?

**Name:** \_\_\_\_\_

**What is this form about?**

This form can help to think about the type of things you might do in the community. It might help you to think about new ideas for things you would like to try.

**How to use it:**

Tick any services you are connected with now. Write the names of any that you connect with now or have connected with previously.

**When you've finished the form:**

Share this with family or staff. This form will help others to know more about your needs. You can take this form to your NDIS planning meeting.

**Health**

**Yes No**



Who is your doctor

.....  
 .....  
 .....

Do I often need to go to hospital?

Do I need help managing my medical appointments and medications?

**Mental Health**



Do I have a mental health diagnosis?

Do I have a psychologist or psychiatrist?

Do I have a mental health worker?

Do I see them often?

Do they help me?

Do I like them?



**Guardian's name**

Do I have a legal guardian who helps me make decisions?

What is their name? .....



**Administrator's name**

Does someone help me with my money?

**Housing**



Where do I live? -

Do I like it there?

Is it a safe home?

Can I continue to stay there?

Do I have a tenancy agreement?