

avivo

**Customer
Preregistration
Form**



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1300 428 486

avivo.org.au

Customer Details

Name:

Date of Birth:

Gender:

Interpreter Required:

Contact Number:

Email:

Residential Address:

Referrer Details:

Name:

Relationship:

Agency:

Contact Number:

Email:

Support Details:

Does the customer currently have funding for support?

If no, is MHC or FFS?

Do you have a primary physical or psychological disability or any medical conditions?

Are there any specific details?

Do you have an appointed Guardian or Administrator?

Do you have any preference in support staff?

I.e. male, female, language?

Do you have any High Intensity supports that requires specific training from our support staff?

If yes, please specify below:

Yes No

- | | | |
|---|---|---|
| <input type="checkbox"/> Complex bowel care | <input type="checkbox"/> Enteral Feeding Support | <input type="checkbox"/> Dysphagia Support |
| <input type="checkbox"/> Ventilator Support | <input type="checkbox"/> Urinary Catheter Support | <input type="checkbox"/> Complex Wound Care |
| <input type="checkbox"/> Tracheostomy Support | <input type="checkbox"/> Subcutaneous Injections | <input type="checkbox"/> Epilepsy and Seizure Support |

If so, do you have a current Health Care Plan?

If yes, please complete below links to create Nurse Customer Care Request and/or Nurse Training Request:

<https://avivo.sharepoint.com/SitePages/NurseConsultancy.aspx>

Do you need any specific services from our Nursing staff?

If yes, please complete below links to create Nurse Customer Care Request and/or Nurse Training Request:

<https://avivo.sharepoint.com/SitePages/NurseConsultancy.aspx>

NDIS Specific Details: (Please continue below for all other Funders)

Do you require Nursing Supports through your NDIS Budget?

If yes, please complete below links to create Nurse Customer Care Request and/or Nurse Training Request:

<https://avivo.sharepoint.com/SitePages/NurseConsultancy.aspx>

Is the service value of the plan required over \$100,000?

If yes, refer to Mentor for approval

Is the service value of the plan required over \$400,000?

If yes, refer to Exec for approval

Is the service required Shared Living or ILO?

If yes, refer to PS team and Mentor

Do you have funding for Improved Relationships?

If so, do you have a current PBS plan?

If yes, refer to PBS Team

Do you have a current PBS Plan in Place?

Is the customer able to share?

Refer to PBS team: PBS@avivo.org.au

What type of support is required and the frequency (including days and times)

Community/Social:

Domestic Assistance:

Personal Care:

Additional Information: