



Endura Therapy

New Client Intake Form

Endure, Evolve, Excel.

Thank you for choosing Endura Therapy. Please complete the details below to help us prepare for your initial assessment. All information is kept confidential and used only to support your care.

1. Participant Details

Full Name:	
Date of Birth:	
NDIS Number:	
Address:	
Phone:	
Email:	

2. Emergency Contact

Name:	
Relationship:	
Phone:	

3. Nominee / Support Coordinator Details

Nominee Name (if applicable):	
Relationship:	
Support Coordinator Name:	
Support Coordinator Organisation:	
Support Coordinator Phone/Email:	

4. Funding Details

Funding Type:	☐ Plan-Managed ☐ Self-Managed
Plan Manager Name:	
Plan Manager Contact:	
Plan Review Date:	

5. Relevant Medical / Allied Health History

Please list any relevant diagnoses, recent hospital admissions, surgeries, or reports from other health professionals (e.g. GP, OT, prosthetist).

6. Current Supports and Equipment

Please note any current mobility aids, equipment, or support workers involved in your care.

7. Goals

What would you like to achieve through physiotherapy? (e.g. improved mobility, returning to driving or work, falls prevention)

8. Consent

I consent to Endura Therapy collecting and using the information provided in this form for the purpose of planning and delivering my physiotherapy supports, and to Endura Therapy liaising with my Support Coordinator, Plan Manager, and other relevant health professionals as needed.

Signature (Participant / Nominee):	
Name:	
Date:	