**Phone:** 0422 85 07 08  
**Email:** [enquiries@myconnectedcommunity.com.au](mailto:enquiries@myconnectedcommunity.com.au)

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| **Client Referral Form** | | | | | |
| **CLIENT DETAILS** | | | | | |
| Date of referral |  | | | | |
| **CLIENT NAME** |  | | | | |
| Preferred Name |  | NDIS Number | |  | |
| Gender Identity |  | Date of Birth | |  | |
| Residential Address |  | | | | |
| Postal Address |  | | | | |
| Living Arrangements  e.g., independent, supported |  | | | | |
| Cultural background |  | Primary language spoken at home | |  | |
| School/Workplace location |  | School/Workplace contact | |  | |
| **NOMINEE CONTACT DETAILS** | | | | | |
| Nominee Name |  | Nominee Relationship | |  | |
| Nominee Phone |  | Nominee Email | |  | |
| Preferred contact method for Nominee | | Phone | Text | | Email |
| **CONTACT DETAILS FOR CLIENT (if separate to nominee)** | | | | | |
| Client Phone |  | Client Email | |  | |
| Preferred contact method for Client | | Phone | Text | | Email |
| **SECONDARY CONTACT (EMERGENCY)** | | | | | |
| Name |  | Relationship | |  | |
| Phone Number |  | Email | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NDIS INFORMATION** | | | | | |
| Diagnosis |  | | | | |
| Plan Dates |  | | | | |
| **SELF MANAGED** – Send invoices to: | | **PLAN MANAGED** – Send invoices to: | | | |
| **SERVICE REQUIREMENTS** | | | | | |
| **Location** *EG: home, kindergarten, community location* | |  | | | |
| **Frequency** *EG: weekly / fortnightly* | |  | | | |
| **Preferred time or day for sessions** | |  | | | |
| **CLIENT GOALS** | | | | | |
| *Please outline the focus for support. Please forward (or attach) a copy of NDIS plan goals.* | | | | | |
| **REFERRER DETAILS** | | | | | |
| Name |  | Organisation/Role |  | | |
| Phone Number |  | Email |  | | |
| **To ensure we are aware of factors which may impact service provision, please share relevant details below** | | | | | |
| Is there a current/active Behaviour Support Plan for the participant?  *\*\*A copy will be required prior to service.* | | | | **YES** | **NO** |
| Are there any current/active court orders in place?  *\*\*A copy may be required prior to service.* | | | | **YES** | **NO** |
| Potential environmental issues for staff visiting the home? | | | | **YES** | **NO** |
| Does the participant have any personal care requirements? | | | | **YES** | **NO** |
| Does the participant have any alternative communication requirements? | | | | **YES** | **NO** |
| Does the participant have any mobility requirements? | | | | **YES** | **NO** |
| Does the participant have any medical conditions we should be aware of? | | | | **YES** | **NO** |
| Are there any other factors we should be aware of prior to meeting with the participant? | | | | **YES** | **NO** |
| Please add any further comments or information if relevant: | | | | | |

Please email the completed form to [enquiries@myconnectedcommunity.com.au](mailto:enquiries@myconnectedcommunity.com.au)