NDIS REFERRAL FORM

Please submit this referral form via email – arnee@open-handed.com.au

Date of Referral:	Completed by:

1. PARTICIPANT DETAILS:

Name:		Gender: ☐ Male ☐ Female ☐ Non Binary
Address:		
DOB:	(Age =)	Phone Number :
Email:		
Alternative Contact (inc Relationship):		
Guardian/Plan Nominee Name:		

2. NDIS PLAN DETAILS:

NDIS Participant Number:		Plan Dates:
☐ Agency Managed ☐ Self Managed ☐ Plan Managed	Plan Manager Details (if applicable):	Organisation: Email:
Interpreter required: ☐ Yes ☐ No Lanuage:		
Does the participant identify as Aboriginal or Torres Strait Islander?		☐ Yes ☐ No
Does the participant have a Gender Preference?		☐ No ☐ Male ☐ Female
Copy of NDIS Goals Provided		☐ Yes ☐ No

3. RELEVANT CLINICAL / BACKGROUND INFORMATION:

primary disability, reason for referral, goals, current mobility/communication/functional capacity, current carer support, current living arrangements, etc)

NDIS REFERRAL FORM

Please submit this referral form via email

4. SERVICES REQUIRED: *Referral for: (Tick all that apply)*

Therapy	Hours	Support Budget	Support Dates
☐ BSP		☐ Improved Relationships	NDIS Plan Start Date/NDIS Plan End Date
☐ SBIS		☐ Specialist Behaviour Intervention Support	
☐ BMP		☐ Behaviour Management Plan	
☐		☐	
☐		☐	

5. REFERRER'S DETAILS:

Name:	Role:
Organisation:	
Address:	
Phone Number:	Email:

6. RISK ASSESSMENT *(internal only)*

Is the participant known to have any behaviours of concern?	☐ Yes ☐ No
Does the participant have any comorbidities of concern?	☐ Yes ☐ No
Are there any unmet carer requirements?	☐ Yes ☐ No
Are there any concerns about mobility or facility access?	☐ Yes ☐ No
Are there any other concerns about this referral?	☐ Yes ☐ No
** If you answered 'yes' to any of the above questions - consult with your AHM and/or site-level NDIS Lead*	
Are supports to be delivered offsite (in the home/community)?	☐ Yes ☐ No
** If you answered 'yes' – complete the the RHP Offsite Visit Risk Assessment*	

7. REFERRAL PROCESSING CHECKLIST *(internal only)*

Funding Confirmed:	☐ Yes ☐ No
Service Agreement developed/distributed:	☐ Yes *(remember to print and sign x2 copies / send to relevant parties)*
Appointments booked (and participant notified)	☐ Yes