|  |  |  |  |
| --- | --- | --- | --- |
| **Name of referrer:** | **Contact Number:**  | **Organization:** | **Referrer role** |
| **Name:** | **D.O.B:** | **Gender:** | **Address:** |
| **Client contact number** |  |  |  |
| **Medicare number** |  | **Concession card number** |  |
| **NDIS Number**  |  | **NDIS funding :** **If plan managed plan manager email and phone number** |  |
| **NDIS plan start date:**  |  | **NDIS plan end date:**  |  |
| **Primary diagnosis:**  |  | **Additional diagnosis:**  |  |
| **Has client provided consent for referral** |  | **Person providing consent if not client** |  |
| **Carer name (if practicable)** |  | **Does carer need to be involved in care planning** |  |
| **Additional reports: Health summary:**  |  |  |  |

Family and other stake holders involved in client care:

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Contact** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Services required:

1. Assistance with daily living [ ]
2. Meal prep and Delivery [ ]
3. Linen service [ ]
4. Yard maintenance [ ]
5. Social and community access [ ]
6. Group activities [ ]
7. Activity based transport. [ ]

Support Requirements

|  |  |  |
| --- | --- | --- |
| **Support hours required:** | **Specific Staff requirements:** | **Is there a positive behavior support plan:** |

|  |  |  |
| --- | --- | --- |
| **Are there restrictions or cultural needs:** | **Are there any special training requirements for staff:** | **Any other needs or comments:** |

Safety Information/ Access information:

1. Are animals restrained :
2. Are there any behaviors of concerns:
3. Are there any other safety of access issues to be ware of?

NDIS about me:

Goals :