



NDIS PARTICIPANT REFERRAL FORM

Please note all information written on this form is confidential and will not be disclosed to any other third party without consent.

REFERRER INFORMATION
Date of Referral:
Name:
Position:
Organisation:
Phone:
Email:
Preferred means of communication:
Funding Manager: Plan Managed / Self Managed / NDIA Managed
If Plan Managed, Plan Manager's Details:
Support Coordinator Details:
Services Required:
Preferred Service Days / Times:
Preferred Support Worker Gender:
Applicable NDIS Service Support Group / Items:
Plan Start & End Dates:

Current Funding Available for Support Item/s requested: \$

PARTICIPANT INFORMATION

Name:

Date of Birth:

NDIS Participant Reference Number:

Male / Female / Non-Binary

Address:

Telephone:

Email:

Country of Birth & Language Spoken:

Translator Required Y/N

Clinical Diagnosis:

Medications: Y/N (if yes, please attach a list)

Medical Conditions:

Allergies:

GP Name & Contact Number:

EMERGENCY CONTACT

Name & Relationship:

Address:

Phone Number:

LEGAL GUARDIAN

Name & Relationship:

Address:

Phone Number:

RISK ASSESSMENT

RISK FACTORS	COMMENT	LEVEL OF RISK (High, Medium, Low)
History of Aggression / Violence		
Substance Abuse		
Psychiatric Illness		
Threatening / Argumentative Behaviour		
Animals		
Accommodation Issues		
Self-Harm		
Other		