patches

Therapy Services Referral Form

Date of referral

The participant/participant's legal guardian has provided consent for this referral? ☐ Yes ☐ No

Participant details

Family name

Given names

Preferred name

Date of birth

Email

Phone number

SMS reminders ☐ Yes ☐ No

Street address

Suburb/ State:

Postcode:

Postal address

Suburb/ State:

Postcode:

School address (if applicable)

Suburb/ State:

Postcode:

Medicare Card Number

Individual reference

Gender ☐ Male ☐ Female ☐ Other

ATSI details ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Languages spoken

Ethnicity

Diagnoses (if applicable)

How did you hear about us? ☐ NDIA ☐ Public Health Service ☐ Radio ☐ Other Provider ☐ Word of Mouth ☐ Other:

Allied Health Service (please tick)

- ☐ Exercise Physiology
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Psychology
- ☐ Social Work
- ☐ Speech Pathology
- ☐ Allied Health Assistant
- ☐ Behaviour Support
- ☐ Not sure (describe on page 3)

Other

- ☐ Support Coordination
- ☐ Plan Management

Legal guardian details

Name			
Relationship			
Contact number		Mobile	
Email			

Other contact details (i.e. referrer or carer)

Agency Name			
Contact person			
Role			
Contact number		Mobile	
Email			

Support coordinator details (if different from above)

Agency Name			
Contact person			
Contact number		Mobile	
Email			

Reason for referral:

Previous intervention:

Funding details:

NDIS

NDIS Number

Plan start date

Plan end date

☐ Agency Managed

☐ Self-Managed

☐ NDIS Plan-Managed

NDIS Plan Manager

NDIS Plan Manager Email

Private

☐ **Parent/Carer/Individual (with or without Medicare rebates)**

If you have a referral from a GP, please send a copy along with this referral form.

☐ **3rd Party Agency or Insurance**

Claim Number

NDIS fund allocation:

If you have a set budget you'd like to allocate to Patches, please detail here:

Risk assessment:

1.	Does the participant have current forensic issues or legal matters?	☐ Yes	☐ No
2.	Does the participant have a history of self-harm or suicidal behaviour?	☐ Yes	☐ No
3.	Does the participant have a history of violent behaviour?	☐ Yes	☐ No
4.	Does the participant have a history of sex offences?	☐ Yes	☐ No
5.	Does the participant experience violence in the home?	☐ Yes	☐ No
6.	Are there safety concerns with the participants accommodation?	☐ Yes	☐ No
7.	Are there concerns regarding the participant having their basic needs met (e.g. food security)?	☐ Yes	☐ No
8.	Are there concerns regarding the participants financial situation?	☐ Yes	☐ No
9.	Does the participant have a previous or current psychiatric diagnosis?	☐ Yes	☐ No
10.	Are there any other mental health or behavioural issues (other than discussed above) that might impact on the participant's ability to engage with therapy?	☐ Yes	☐ No
11.	Are there safety hazards for therapists visiting the family home? e.g. dogs, unsafe behaviour?	☐ Yes	☐ No

Please describe any above responses as required:

Please send completed referral form and NDIS Plan (if applicable) to therapy@patches.com.au

CLEAR FORM