

NDIS CLIENT REFERRAL FORM – PRIVATE & CONFIDENTIAL

Client Consent and Privacy

All services and supports provided by Bridges Health & Community Care are voluntary. Please confirm that you have client consent for this referral by placing a tick in the box below. All information is handled in accordance with our privacy policy available at <https://www.bridgeshcc.org.au/privacy-policy>

Do you have signed consent to share this information Yes No Please attach the signed consent form.

Personal Making Referral

Name:		Date of Referral:	
Organisation:			
Fax:	Phone:	Email:	
Signature:			

Participant's Personal Details

Name:		Date of Birth:	
Address:			
Phone Number:			
Email Address:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Gender:	<input type="checkbox"/> Man or Male	<input type="checkbox"/> Woman or Female	<input type="checkbox"/> Non-binary
	<input type="checkbox"/> Use a different term (please specify): _____		<input type="checkbox"/> Prefer not to answer
Does the person identify as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both			
Country of Birth:	Preferred Language:	Translator Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of how client wishes to be contacted by Bridges to arrange an appointment – you may place a ✓ in multiple boxes.

<input type="checkbox"/> Phone Number:		Can we leave a message on this phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Most convenient time to call:		If mobile, can we send an SMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Disability:			
Secondary Disabilities:			

NDIS

NDIS Number:			
Plan Dates:			
Funding - tick which applies:	<input type="checkbox"/> NDIA Managed	<input type="checkbox"/> Plan Managed	<input type="checkbox"/> Self- Managed
Plan Manager:			
Planner Details:	<input type="checkbox"/> NDIA <input type="checkbox"/> LAC <input type="checkbox"/> Other: _____	Name:	
Contact Details:	Phone:	Mobile:	
	Email:		

Location of Services required? e.g. Bundaberg, Rockhampton, Fraser Coast, Other:

Location:	
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Support Coordinator/Recovery Coach Details (if Applicable)

Support Coordinator:	Name:		Phone Number:	
	Email:			
Recovery Coach:	Name:		Phone Number:	
	Email:			

Carer, Advocate or Next of Kin Request for Involvement in Intake

Type:	<input type="checkbox"/> Carer	<input type="checkbox"/> Advocate	<input type="checkbox"/> Next of Kin	<input type="checkbox"/> Nominee
Name:			Phone Number:	
Address:				
Email Address:				

Involvement from Office of Public Guardian, Public Trust, Probation, Parole, Mental Health Unit

Adult Guardian (OPG)				
Name:			Phone Number:	
Email Address:				
Public Trust Officer				
Name:			Phone Number:	
Email Address:				
Probation/Parole Details				
Name:			Phone Number:	
Email Address:				
Mental Health Case Manager				
Name:			Phone Number:	
Email Address:				

Current Service Providers

Allied Health:	
Occupational Therapist:	
Physiotherapist:	
Other (e.g. Equine Therapy):	
Medical Supports:	
General Practitioner:	
Psychiatrist:	
Specialist:	
Other:	

Services Requested: Type, Duration and Frequency	
<input type="checkbox"/> Recovery Coaching	<input type="checkbox"/> Total Plan Hours: _____
<input type="checkbox"/> Support Coordination	<input type="checkbox"/> Level 1: Support Connection Total Plan Hours:
	<input type="checkbox"/> Level 2: Coordination of Supports Total Plan Hours:
	<input type="checkbox"/> Level 3: Specialist Support Coordination Total Plan Hours:
<input type="checkbox"/> Group Program	

**Additional Information Bridges Health & Community Care Ltd should be aware of about the person requiring support:
Example: Risk factors, restrictive practice, current Personalised Behavioural Support Plan**

How soon do you require contact from Bridges NDIS services?

<input type="checkbox"/> Standard (within 7 working days)	<input type="checkbox"/> Urgent (within 48 hours)
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If urgent intake and assessment is required, please explain why:

ONCE COMPLETED, PLEASE EMAIL TO NDIS@bas.org.au