



# It's More Than Therapy.

*Transforming Lives Beyond Therapy*

## Referral Form

Welcome to It's More Than Therapy!

Please take your time and fill in the required information below.

<b>Referrer Information:</b>			
Name:			
Email			
<b>Client/Participant Information:</b>			
Given Name(s):			
Last Name:			
Preferred Name:			Pronouns:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:		
Date of Birth:			
Address:			
Phone:			
Email:			
Preferred Language:			
<b>Primary Contact (if not client):</b>			
Name:			
Relationship to Client/Participant:			
Role:	<input type="checkbox"/> Guardian <input type="checkbox"/> Advocate <input type="checkbox"/> COS <input type="checkbox"/> Support Worker <input type="checkbox"/> Other:		
Phone:			
Email:			

Emergency Contact:			
Name:			
Relationship:			
Phone:			
Email:			
Funding Details:			
Funding Type:	<input type="checkbox"/> NDIS	<input type="checkbox"/> Aged Care	<input type="checkbox"/> Private
NDIS/Claim/Medicare Number:			
Hours/Funding Allocated:			
NDIS Plan Dates:	Start Date:	End Date:	
NDIS Participants:	<input type="checkbox"/> Agency Managed <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self-Managed	Plan Manager Name/Company, Phone & Email:	
Referral Details:			
Reason for referral:			
Diagnosis (if known):			
Current plan goals (NDIS goals if participant):			

Client Additional Information:	
Is there a Behaviour Support Plan? (If yes, please provide a copy).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Behaviours of Concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Are there any safety issues in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Are there any communication issues? (Including interpreter requirements)	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Does anybody else need to be present at the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Other information:	
Attached documents:	<input type="checkbox"/> NDIS Plan <input type="checkbox"/> Past reports <input type="checkbox"/> Other:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_