Psychological Health and Wellbeing Services
7 Ernest Street, Belmont, NSW, 2280
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www.phaws.com.au
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NDIS Referral Form

Referrer Details

Date of referral | Name of referrer | Organisation and/or relationship to participant

Telephone | Email | Address

Do you wish to be notified once the referral has been allocated to a therapist? No

Who is to be contacted for scheduling of appointments?

Name and relationship (if not the participant) | Telephone

Where did you hear about Psychological Health and Wellbeing Services?

☐ Web/google search ☐ Facebook ☐ Networking event ☐ Another provider ☐ LAC

☐ Word of mouth ☐ NDIA referral ☐ Other provider ☐ Other

Initial Referral Reason

Therapeutic Supports -

Please outline the reason for referral and goals as outlined in the participants plan.

Support Item Number	Support Item
☐ 15_048_0128_1_3	Individual Assessment, Therapy and/or Training

Where would the participant like the service to take place: *(** travel fees may occur as per NDIS policy)*

☐ PHaWS office – no travel fees will be incurred

☐ Own home**

☐ Childs school/preschool**

☐ Videolink

☐ Other**

If other, please list location requested for therapy

Please outline how many hours/or budget is available within the plan.

GP details or other primary provider details

Name | Telephone | Email

Organisation | Address

Participant Details

Name | Date of birth | Age | Gender

Does the participant identify as (please check) ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Prefer not to say

Telephone | Email

Best time to contact ☐ AM ☐ PM

Best method of contact ☐ Home phone ☐ Mobile ☐ Email

Address

NDIS number | Plan start date | Plan end/review date

Has a copy of current NDIS plan been provided? ☐ Yes ☐ No

Primary Contact Details/Person Responsible (if different to referrer)

Name | Relationship | Telephone | Email

Address

Best time to contact ☐ AM ☐ PM

Best method of contact ☐ Home phone ☐ Mobile ☐ Email

Personal details relevant to this referral

Background Information / Reason for requested support/s

Risk Awareness

Please outline any known risk factors for staff to be aware of eg. Restrictive practices, pets, violence.

Previous Service Providers

Have any previous reports or assessments been completed? If yes, and they would be helpful for this referral, please provide a copy with particpants consent.