PRIVATE & CONFIDENTIAL

Mind@Work Psychology
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NDIS Referral Form

Details of participant:			
Name of client:		Date of birth:	
Phone:		Email:	
Address:		NDIS Number:	
Emergency Contact:		Contact Details:	
Decision maker /parent/guardian contact details: (if relevant)		Contact Details:	
NDIS Support Coordinator:		Contact Details:	
NDIS Plan start date:		NDIS Plan end date:	
Frequency of sessions required:		Allocated funds:	
Fund Management Type:	☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed ☐ Plan Nominee		
Plan Manger invoice email:		Funding Support Category:	
Appointment reminders:	☐ SMS or ☐ Email ☐ SMS & email	Occupation:	
Relationship status:	☐Married ☐ Single ☐ De-facto ☐Separated ☐ Divorced ☐ Widowed ☐ In a Relationship	Court Orders:	
Psychiatric medication:			

Reason for the counselling:		
This information will help your therapist better understand your needs (check all relevant boxes)		
Depression ☐	**Anxiety ☐**	**Relationship Issues ☐**
Work Stress ☐	**Stress ☐**	**Weight Issues ☐**
Addiction (drugs/alcohol) ☐	**Family ☐**	**Sleeping Issues ☐**
Smoking ☐	**Parenting issues ☐**	**Post Natal Depression ☐**
Sexual Issues ☐	**Financial Problems ☐**	**Anger ☐**
Grief & loss ☐	**Abuse ☐**	**Post-Traumatic Stress ☐**
Panic Attacks ☐	**Obsessive Compulsive ☐**	**Eating Issues ☐**
Physical Health Issues ☐	**Schizophrenia ☐**	**Behaviours of Concern ☐**
Work ☐	**Self-care Skills ☐**	**Social Relationships ☐**
Language/Community Participation ☐	**Inattention/Energy/Impulsivity ☐**	**Cognitive Skills ☐**

Please provide your practitioner with a copy of the participant's goals at the end of this form

Last modified: 4.11.20

Please provide the following information about your participant so we can better understand and support their needs.

What is the participant's current disability/diagnosis? (required)	
Why is the client seeking psychological services at this point in time? (required)	
Please highlight relevant history:	
Any requirements we should be aware of, for example: male or female therapist, specific days/time for appointments, that may impact allocating a therapist?	
Are there any behaviours of concern? (please forward a copy of the BSP)	
Any subjects/events/objects that are triggering for this person?	
Forensic involvement (current/historic)	

I, (print name in block letters) _____, agree to the disclosure of the details in this form to Mind@Work Psychology for the purposes of psychological therapy.

Signature: _____ Date: _____

OR

I, (Support Coordinator name)_____, from (organisation name)_____,have gained the written or verbal consent of this participant to disclose the details in this form to Mind@Work Psychology for the purposes of psychological therapy.

⚠ **Please provide any relevant reports, letters and background information available.**

Participant's Goals: