Far North Community Services

Therapy Services Referral Form

Purpose: *This form is to be filled out by the Referrer whenever a new client is referred or new plan of an existing client is obtained and sent to the Far North Community Services Therapy Services Manager.*

Participant Details			
First Name:		**Surname:**	
Date of Birth:	Click or tap to enter a date.	**Preferred Name:**	
Address:			
Postal Address:			
Phone No.		**Email:**	
Gender:	☐ Female ☐ Male ☐ Other:		
Cultural Identity:	☐ Aboriginal ☐ Torres Strait Islander ☐ CALD ☐ Neither		
Main Language Spoken at home?		**Need an Interpreter?**	☐ No ☐ Yes
Preferred Method of Contact?	☐ In Person ☐ Phone ☐ SMS ☐ Email ☐ Post ☐ Client Portal ☐ via Support Coordinator ☐ via Support Person		

Support Person 1 Details *Complete if applicable:*			
Name:			
Relationship to Participant:			
Phone:		Email:	

Support Person 2 Details *Complete if applicable:*			
Name:			
Relationship to Participant:			
Phone:		Email:	

NDIS Details					
NDIS Ref#:					
Plan Start Date:	Click or tap to enter a date.	Plan End Date:	Click or tap to enter a date.	Plan Review Date:	Click or tap to enter a date.
Pricing Category:	☐ National	☐ Remote	☐ Very Remote		
Management type:	☐ Agency	☐ Plan	☐ Self		

Support Coordinator Details *Complete if applicable:*			
Name:			
Organisation:			
Phone:		Email:	

Plan Manager Details *Complete if applicable:*			
Name:			
Organisation:			
Phone:		Email:	

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Therapy Service Request Details		
Therapy Service	**Funding Allocation ($)**	☐ Yes ☐ N/A ☐ unsure
Functional Assessment		☐ Yes ☐ N/A ☐ unsure
Physiotherapy		☐ Yes ☐ N/A ☐ unsure
Occupational Therapy		☐ Yes ☐ N/A ☐ unsure
Speech Therapy		☐ Yes ☐ N/A ☐ unsure
Positive Behaviour Support - Specialist Behaviour Therapy - Behavioural Management Practice & Training		☐ Yes ☐ N/A ☐ unsure
Other (e.g Therapy Assistant)		☐ Yes ☐ N/A ☐ unsure
Additional comments e.g specific assessments required		

Risk Identification Questionnaire	
Living Arrangements?	☐ Lives with family ☐ Lives with friends ☐ Lives Alone →Does the participant have contact with others? ☐ Yes ☐ No ☐ unsure Frequency:
Communication Requirements?	☐ Not Required ☐ Verbal (with assistance) ☐ Non-Verbal ☐ Low tech AAC e.g signs, written, visual aids, PODD Book ☐ High tech AAC e.g talking/communication device ☐ Additional languages: _____
Current use of Assistive Technology and Mobility Aids?	☐ Not Required ☐ Mobility Aids required but not yet obtained ☐ Walking aids ☐ Wheelchair (powered or manual) ☐ Hoist, commode or high/low bed ☐ Physical support from another person
Any Fears or Phobias?	☐ Yes ☐ No ☐ unsure
Any known Allergies?	☐ Yes ☐ No ☐ unsure
Are basic needs being met including food security?	☐ Yes ☐ No ☐ unsure
Does participant have Behaviours of Concern?	☐ Yes ☐ No ☐ unsure
Does participant have a current Positive Behaviour Support Plan (PBSP)?	☐ No → Is a PBSP required? ☐ Yes ☐ No ☐ unsure ☐ Yes → Dated: Click or tap to enter a date.

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Is there a history of Alcohol or Substance Abuse?	☐ Yes ☐ No ☐ unsure If yes, please describe type e.g Cannabis, Alcohol, Amphetamines:
Is there a history of abuse?	☐ Yes ☐ No ☐ unsure If yes, please describe:
Any previous or current mental health conditions?	☐ Yes ☐ No ☐ unsure If yes, please describe:
List frequency of contact with immediate family & method of contact (e.g. face to face or phone)	☐ Frequent ☐ Regular ☐ Irregular ☐ Seldom
List frequency of contact with extended family & method of contact (e.g. face to face or phone)	☐ Frequent ☐ Regular ☐ Irregular ☐ Seldom
List frequency of contact with friends & method of contact (e.g. face to face or phone)	☐ Frequent ☐ Regular ☐ Irregular ☐ Seldom
Are there safety hazards for staff visiting the family home or accommodation? (E.g. dogs)	☐ Yes ☐ No ☐ unsure If yes, please describe:
Are there any risks associated with contact with family, friends or community members?	☐ Yes ☐ No ☐ unsure If yes, please describe:
Are there any additional Risks to be aware of?	☐ Yes ☐ No ☐ unsure If yes, please describe:

☐ Provided copy of the NDIS Plan
☐ Documented / Signed NDIS Third Party Consent to Share Form for Far North Community Services

Referrer Details:			
Name:			
Email:			
Signature:		Date:	Click or tap to enter a date.