Echuca Regional Health

NDIS Referral

Surname _____ UR No:_____

Given Names _____

DOB _____ Sex _____

Admission Date _____

Consultant _____ Ward _____

USE LABEL IF AVAILABLE

Date of Referral					
Participant Name		DOB		Gender	M/F
Phone	Home		Mobile		
Email Address					
Language spoken at Home		Interpreter Required		☐ Yes ☐ No	
Preferred option for communication	☐Email ☐Post ☐Phone		Do you identify as Aboriginal or Torres strait Islander? ☐Yes ☐ No		
Residential address					
Postal address					
Next of kin	Relationship to Participant				
Name					
Contact details	Home		Mobile		
Email Address					
Residential Address					
Postal Address					
For participants under the age of 18 years, under guardianship or in the care of family or caregivers please complete below					
Name of Parent /Guardian					
Relationship to participant	☐Parent ☐Guardian ☐Other				
Residential address					
Postal Address					
Phone	Home		Mobile		
Email Address					
Name of Parent / Guardian					
Relationship to participant	☐Parent ☐ Guardian ☐Other				
Residential address					
Postal Address					
Phone	Home		Mobile		
Email Address					
Plan Nominee					
Name					
Address					
Phone Number /email					
Support Coordinator/ LAC					
Name					
Organisation					
Phone number / email					
Who would you like us to contact to make appointments?					
☐Participant ☐ Support coordinator ☐ Other :					

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Disability / Medical Conditions including any diagnosis relevant/ Issues identified
1.
2.
3.

Services requested			
	Brief summary of Needs	Number of hours	Funding $
☐Physiotherapy			
☐Occupational Therapy			
☐Speech Pathology			
☐Dietetics			
☐Podiatry			
☐Community Nursing			
☐AHA			
Is participant accessing services elsewhere? ☐Yes ☐No If Yes please provide details:			

Plan Details				
NDIS Number		Plan Dates		
Copy of plan Attached	☐Yes ☐No			
Payment Details	☐Portal	☐Plan managed	☐Self managed	
		Name: Address:		
Is participant transitioning from another service ☐Yes ☐No				
If "Yes" Servicer Provider Name : Clinician : Phone :		Consent to contact service provider for handover ☐Yes ☐No *ERH to document on Consent to Share*		

ADMIN ***Office use only***				
IPM Registration	☐Labels in File		☐Labels updated / attached	☐New labels attached
Alerts	☐Checked	☐Updated	☐ERH Hopwood client added	☐NDIS
PJB Registration	☐In file		☐Updated & Attached	☐New & Attached
	☐Make Client file		☐File already made	☐Retrieve Offsite
	☐Dispatch Via iPM		☐Create 'OR'	Dispatch to ICS referral
Finalised By :				Date: