**Referral Form**

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| **Referral Date:** |
| **Client information**  |
| **First name:**  | **Surname:**  |
| **Date of birth:**  | **Gender:**  |
| **Interpreter required** [ ]  **Yes** [ ]  **No** | **If yes, what language:**  |
| **Address:**  | **Phone number:**  |
| **Email:**  | **NDIS number:**  |
| **NDIS Plan start date:**  | **NDIS plan end date:**  |
| **Primary condition(s):****Secondary/other condition(s):** |

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| **Client representative or guardian information (complete if applicable)**  |
| **First name:**  | **Surname:**  |
| **Relationship to the person:**  |  |
| **Address:**  |  |
| **Phone number:**  | **Email:**  |

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| **Referral information**  |
| [ ]  Functional Capacity Assessment[ ]  Ongoing Occupational Therapy Services [ ]  Psychosocial Recovery Coach.[ ]  Support Coordination (Level 2)[ ]  Specialist Support Coordination (Level 3) |
| **Reason for referral:** |

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| **Funding Allocation** |
| **What amount will be allocated for the service(s) required? (total hours or dollar value)** |  |

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| **Support Coordinator details (complete if applicable)**  |
| **Organisation:**  | **Name:**  |
| **Email:**  | **Phone number:**  |

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| **Plan Manager details (complete if applicable)**  |
| **Organisation:**  | **Name:**  |
| **Email:**  | **Phone number:**  |

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| **Correspondence**  |
| **Who should Auxilium send a Service Agreement to?**  |
| [ ]  To you (client) | [ ]  To your guardian or representative as listed above |
| [ ]  To Support Coordinator:  | [ ]  To another person not listed:  |
| **First name:**  | **Surname:**  |
| **Relationship to you:**  |  |
| **Address:**  | **Email:**  |
| **Who is the best person for all Auxilium correspondence? EG: Scheduling appointments, organising supports, important Auxilium news/announcements?** |
| [ ]  To you (client) | [ ]  To your guardian or representative as listed above |
| [ ]  To Support Coordinator:  | [ ]  Other:  |

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| **Person completing this form (i.e. the referrer)**  |
| **First name:**  | **Surname:**  |
| **Relationship to the person:**  |  |
| **Contact details (if not listed above):**  |
| **Date form has been submitted:**  |

Please return this form to hello@auxicare.com.au

If you’d like to speak with us before then please call 0472 508 865.