



# Whole Hearts and Minds Services

## New Referral



Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

### PART A - PARTICIPANT INFORMATION

First / Given Name(s): \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

NDIS Participant Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Pronouns (e.g. He/him, They/Their, She/Her): \_\_\_\_\_

Current NDIS Plan start and end dates \_\_\_\_\_

**\*\*Please attach a copy of your NDIS goals\*\***

### PART B - PARENT / CARER / NOMINEE INFORMATION

Relationship to client: \_\_\_\_\_

Preferred Pronouns (e.g. He/him, They/Their, She/Her): \_\_\_\_\_

First / Given Name(s): \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who should we contact to arrange appointments, etc? \_\_\_\_\_

Preferred method of communication: phone  email  text

### PART C - PLANNER / COORDINATOR / OTHER (Contact person)

Preferred Pronouns (e.g. He/him, They/Their, She/Her): \_\_\_\_\_

First / Given Name(s): \_\_\_\_\_ Last / Family Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organisation: \_\_\_\_\_

### PART D - NDIS PARTICIPANTS

- Self-Managed Funding
- Funding Managed by the NDIA
- Plan Management Provider (provide details below of your plan manager)

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PART E - DETAILS OF REFERRAL

Service requested: \_\_\_\_\_

Where do you want therapy to take place? \_\_\_\_\_

If requesting art therapy - what art medium, if any, do you have experience with?  
\_\_\_\_\_

Reason/s for requesting therapy (e.g. NDIS goals, mental health management, relaxation, etc)  
\_\_\_\_\_

### PART F - DISABILITY

Diagnosis: \_\_\_\_\_

- Sensory. Details: \_\_\_\_\_
- Physical. Details: \_\_\_\_\_
- Cognitive / Acquired Brain Injury. Details: \_\_\_\_\_
- Mental Health. Details: \_\_\_\_\_

\*\*\*\*\*Please return to admin@whamservices.com.au at your earliest convenience\*\*\*\*\*