

Referral Form – Support Work

Thank you for your referral to *Hi Life Therapy & Care*. To ensure that we provide the best service to meet your needs, please complete this form with as much detail as possible. Completed forms should be emailed to admin@hilife.net.au.

Client Name	Click or tap here to enter text.		
Date of Birth	Click or tap to enter a date.	Gender	
Address	Click or tap here to enter text.		
Contact Phone Number/s	Click or tap here to enter text.		
Contact Email Address <i>Of client or preferred contact person, for appointment reminders etc.</i>	Click or tap here to enter text.		
Emergency contact <i>Name and contact details</i>	Click or tap here to enter text.		
Support Coordinator/Local Area Coordinator Details	Name	Click or tap here to enter text.	Email Click or tap here to enter text.
Plan or self-managed? <i>*If NDIA-managed, we are unable to accept the referral at this time*</i>	Plan-managed <input type="checkbox"/>	Self-managed <input type="checkbox"/>	<i>If plan-managed, please list plan agency details</i>
	Plan Manager Provider Name	Click or tap here to enter text.	
	Plan Manager Email Address	Click or tap here to enter text.	
NDIS number	#	Click or tap here to enter text.	
NDIS plan dates	Click or tap here to enter text.		
Disability and mental health information <i>Diagnosis, medications, mobility, other health information</i>	Click or tap here to enter text.		
Type of support requested <i>e.g. Community participation, personal care, capacity building</i>	Click or tap here to enter text.		

Preferred days and total hours of support requested

Please state specific days and times

Click or tap here to enter text.

Goals for support work

Click or tap here to enter text.

Risks

Outline any risks to self, staff, or others (advise if a BSP involved)

Click or tap here to enter text.

Strategies in place to manage risks, if applicable

e.g. 2:1 support, triggers to avoid

Click or tap here to enter text.

Will support workers require specific training to adequately understand and meet the client's needs?

If yes, what training is required? (e.g. mental health first aid, manual handline, medication management etc.)

Click or tap here to enter text.

Other important information we should know

Click or tap here to enter text.