



NDIS PARTICIPANT REFERRAL FORM

Participant Details

Full Name

Date of Birth

Phone

Email

Address

Gender Identity

Preferred Language

Translator Required

Yes

No

Living Arrangements

Family/Partner

Supported Accommodation

Living Alone

Other

Emergency Contact

Full Name

Relationship

Phone Number

NDIS Plan Details

NDIS Number

NDIS Plan Dates

Referrer Details

Full Name

Name of Organisation

Email

Phone Number

Job Title/Role

Support Coordinator

Local Area Coordinator

Case Manager

Carer/Other

Self-Referred or Referred by a Relative?

Yes

No

Primary Disability/Health Background

Please provide details below on primary diagnosis

Occupational Therapy Services Required

Minor Home Modifications

Assistive Technology

Life Skills Training (with ongoing intervention sessions)

Functional Capacity Assessment

Home Safety Assessment

Plan Review Report

NDIS Billing Details

Type of plan management

Self-Managed

Plan Managed

Agency Managed (currently not available)

If plan managed, please provide details below

Name of organisation

Full name

Phone Number

Email

Home Visit Risk Assessment

1. Is the house hidden from the street? Yes No
2. Is parking in the driveway or street difficult? Yes No
3. Are there any uneven or dangerous paths leading to the house? Yes No
4. Is there appropriate mobile phone coverage? Yes No
5. Are there any pets on the property that will need to be restrained? Yes No
6. Does anyone at the property have a history of aggressive or violent behaviour? Yes No
7. Does anyone at the property have a history of drug or alcohol abuse? Yes No
8. Is it likely that someone will be smoking in the property at the time of the home visit? Yes No
9. Are there any firearms on the property? Yes No

Please email completed copy of referral form to:
elly@theadaptiveot.com.au