UNITED NT DISABILITY SERVICES

REFERRAL FORM

A: T22 116 Coonawarra Road, Winnellie ABN: 15639893477 NDIS Registration ID: 4-G4J286Y
E: admin@unitedntds.com.au PH: 08 7924 7095 M: 0429 643 069

Referral Date		NDIS or Claim Number	
NDIS Plan **START** DATE		NDIS Plan **END** DATE	
NDIS Plan	☐ Agency Managed ☐ Plan Managed ☐ Self-Managed	Plan / Self-Managed Details Phone/Email	
Type of Referral	☐ Self-Referral	☐ Organisational Referral	

REFERRED BY			
Name:		Organisation:	
Address:		Phone:	
Email:		Mobile:	

PROMOTING INDEPENDENCE

AND EMPOWERING PEOPLE

We are REGISTERED NDIS PROVIDER

REPRESENTATIVE/GUARDIAN CONTACT DETAILS			
Title	☐ Mr ☐ Mrs ☐ Miss	Surname	
Name			
Phone Number		Mobile Number	
Address			
Postal Address			
Email			
COS CONTACT DETAILS			
Title	☐ Mr ☐ Mrs ☐ Miss	Surname	
Name			
Phone Number		Mobile Number	
Address			
Postal Address			
Email			
EMERGENCY CONTACT DETAILS			
Title	☐ Mr ☐ Mrs ☐ Miss	Surname	
Name			
Phone Number		Mobile Number	
Address			
Postal Address			
Email			

ABOUT ME			
Title	☐ Mr ☐ Mrs ☐ Miss	Surname	
Name		Date of Birth	
Residential Address			
Postal Address			
Phone Number		Mobile Number	
Email			
Country of Birth		Gender	☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say
Town of Birth		Preferred Pronouns	☐ He/Him ☐ She/Her ☐ They/Them
Community			
Indigenous Status	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Communication Skills - English	☐ Very Well ☐ Good ☐ Poor ☐ Non-Verbal ☐ Interpreter Required		
Other Languages			
Identifying Features		Weight	
Hair Colour		Eye Colour	Height

MEDICAL INFORMATION			
Clinical Diagnosis Information on Disability and/or Mental Health			
Allergies and/or Adverse Reactions			
Asthma	☐ Yes ☐ No	Diabetes	☐ Type 1 ☐ Type 2 ☐ No
Epilepsy/Seizures	☐ Yes ☐ No	EPI Pen	☐ Yes ☐ No
Medication/s Taken			
Additional Medication Information			
Any other relevant information?			

REFERRAL GOALS

Please describe the goals you wish to achieve:

Please list NDIS goals (if applicable):

MOBILITY ISSUES

☐ None	☐ Walking Stick	☐ Wheelie Walker
☐ Scooter	☐ Manual Wheelchair	☐ Powered Wheelchair

Does the participant require the use of a mobility aid for community access?

☐ Yes ☐ No

Any other relevant information?

REQUIRED DOCUMENTS				
NDIS Client Number				
Centrelink CRN				
Tax File Number				
Public Guardian Number				
Public Trust Number				
DSOA ID Number		☐ NA		
DSS Case ID Number		☐ NA		
DSS Client ID Number		☐ NA		
DVA Card Type	☐ Gold ☐ Orange ☐ White ☐ NA			
DVA Card Number		☐ NA	Expiry	
Companion Card Number		☐ NA	Expiry	
Medicare Card Number		☐ NA	Expiry	
Healthcare Card Number		☐ NA	Expiry	
Pension Card Number		☐ NA	Expiry	
Seniors Card Number		☐ NA	Expiry	
Library Card Number		☐ NA	Expiry	
Private Health Provider		☐ NA		
Private Health Number		☐ NA	Expiry	
Proof of Age		☐ NA	Expiry	
Larrakeyah Card		☐ NA	Expiry	
Driver's Licence		☐ NA	Expiry	