

NDIS CLIENT REFERRAL

Send referrals to: Co-ordinator, Thorne Harbour Community Support, 51 Commercial Road, South Yarra 3141, fax (03) 9820 3166 or email: ndis@thorneharbour.org

PARTICIPANT DETAILS

First name:		Surname:	
Home phone:		Mobile phone:	
Address:			
Postcode:	Date of birth: / /	Gender:	
NDIS Participant Number:			
Country of origin:		Language spoken at home:	
Is the participant of Aboriginal or Torres Strait Islander background? <i>(see cultural considerations: next page)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency contact:			
Relationship to client:		Mobile phone:	

HEALTH ISSUES

Physical health:
Mental health:
Drug and alcohol:
Other health conditions:

OTHER INFORMATION

Cultural considerations:

Safety alerts:

Home access issues:

NDIS SUPPORT REQUESTED

- Support co-ordination Community participation Home help

Please outline current issues and details of support requested:

HOUSING

- Home owner Private tenant Public tenant Transitional housing
 Boarding house Homeless Other

CURRENT LIVING ARRANGEMENTS

- Living alone Living with partner Living with family Shared household
 Other

PARTICIPANT CONSENT AND SIGNATURE

I understand that the information in this referral is confidential. I consent to Thorne Harbour Health staff contacting me to discuss NDIS support.

Name: Signature: Date: