



NDIS Referral Form for a Child/Adolescent

Date of Referral:
Referred By: Self <input type="checkbox"/> Doctor <input type="checkbox"/> Other <input type="checkbox"/>
Referral Details:
Phone No:
Reason for Referral:

Reason for referral/support

<input type="checkbox"/> NDIS Support Coordination/Case Management
<input type="checkbox"/> Capacity Building/Advocacy
<input type="checkbox"/> School Support/Advocacy

Child Details

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> DoB:
Email:	Address:
Phone:	School & Year Level:
Who does the child live with?	
Are there any court orders in place?	
Y <input type="checkbox"/> N <input type="checkbox"/>	
Please provide a copy	

Family Details	
Name:	Relationship to Child:
Address:	Phone Number:
Country of Birth:	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship to Child:
Address:	Phone Number:
Email:	
Country of Birth:	Number of siblings, name and ages:
Is the child in care? Y <input type="checkbox"/> N <input type="checkbox"/>	
Which organisation?	
Name of Caseworker:	Phone/Email:

Current Diagnosis
Please explain your child's current diagnosis:

Current Allied Health & Medical Practitioners
Please provide details of those currently involved in your child's care.

Professional	Name	Service/Company	Contact number/Email	Current?	Reason for care
General Practitioner				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Paediatrician				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Speech Therapist				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Occupational Therapist				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Psychologist				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Social Worker				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Class Teacher				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Behaviour Therapist				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Local Area Coordinator (NDIS)				<input type="checkbox"/> YES <input type="checkbox"/> NO	

NDIS

If you currently have an NDIS plan, please provide details below.

NDIS Number?

What type of management do you have? self plan

If plan managed who with?

Where to send

Once this form is received we will be in contact within 24 hours.

Please send to contact@awencounselling.com.au OR take a photo and send to 0434 151 864.

Awen Counselling & Advocacy will request all **relevant documentation** once we have organised our first appointment.

We look forward to supporting you.