



ORGANIZED CARE REFERRAL FORM

REFERRAL TYPE: ENVIRONMENTAL SUPPORT

Referral Date: _____

Referring Person/Agency: _____

Contact number: _____

CLIENT DETAILS:

Full Name: _____

Address: _____

Phone: _____

Gender: _____

DOB: _____

NDIS participant number: _____

NDIS plan dates: _____

NDIS or other funding Agency and email address: _____

Total Approved funded hours: _____

Does this Job require to be quoted? YES NO

Religion, Culture, Sexual or gender identification: _____

PROPERTY DETAILS:

Government housing: ☐

Private Rental: ☐

Owner: ☐

Commercial: ☐

CLIENT MEDICAL/HEALTH/DISABILITY/TRAUMA/MENTAL HEALTH DETAILS:

Medical Conditions/Alerts:

Details:

CLIENT ENVIRONMENTAL RISKS OR ALERTS:

I.e.: family violence, drug paraphernalia, children at risk, animals, chemicals etc

Risks and Alerts:

FURTHER DETAILS:

FAMILY/CARER AND OR PROFESSIONAL DETAILS:

| <u>Name:</u> | <u>Relationship:</u> | <u>Phone:</u> | <u>Agency:</u> |
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BRIEF SUMMARY OR REASONS FOR REFERRAL:

ie: Hoarding, Squalor, Decluttering, Organising and Sorting.

SPECIFIC OR SPECIAL INSTRUCTIONS, REQUESTS OR TASKS YOU REQUIRE ASSISTANCE WITH?

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|---|-----|----|
| Has the client been advised and consented to the referral? | Yes | No |
| Has the family/carer been advised and in support of the referral? | Yes | No |
| Have all the relevant professionals been advised of the referral? | Yes | No |

PRIOR TO ANY SUPPORT THE CLIENT MUST SIGN A CONSENT TO SHARE INFORMATION AND AN NDIS SERVICE AGREEMENT.

A CLIENT INTAKE BOOKLET WILL BE PROVIDED AT THE INITIAL MEET AND GREET.

THANK YOU FOR YOUR REFERRAL