

PARTICIPANT REFERRAL FORM FOR INDIVIDUAL COUNSELLING  
(Line Item 15\_043\_0128\_1\_3)

PARTICIPANT'S INFORMATION	REFERRED BY
Name:	Name:
Address:	Organisation:
Phone:	Role in Organisation:
Date of Birth:	Phone:
Email:	Email:
NDIS Number:	Reason for Referral: (Presenting problem)
Plan Dates:	
Is participant: <span style="float: right;">Plan managed <input type="checkbox"/></span> Self-managed <input type="checkbox"/> <span style="float: right;">Agency Managed <input type="checkbox"/></span>	
Estimated Budget for Sessions:	Participant's Goals: (Attach NDIS plan if relevant)

Carer's Name:
Relationship to Participant:
Emergency Contact:

Preferred Location for Counselling Sessions: (In Home, In Office, Residential Facility, Group Home, Nearby café)
Known Home Hazards/Precautions if Sessions Conducted at Participant's Home: (Eg. Dogs, access to property, other people in home)
Participant's Known Physical Medical Conditions:
Participants Known Mental Health Diagnosis: (Attach any relevant reports)
GP Name: Phone: Medical Centre:

For further information contact: Sonya Cavanough: Director of Counselling Services

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