



Referral Form

We have immediate availability in Victoria. For any urgent referrals, please call NPBS on 1300 28 29 40 to discuss our capacity.

We have a pre-intake process that takes approximately 30 minutes, which will be required prior to accepting this referral

Please note - the wait period begins from when we receive all relevant documentation

Once you have filled this form, please email it to support@nationalpbs.au

Participant details

Participant full name *

Please enter the name of the participant

NDIS number *

DOB *

dd/MM/yyyy

We cannot provide support for participants under 7 years old.

Address *

Street Address

City

State/Region/Province

Postal / Zip Code

Is this participant living in a residential aged-care facility? *

Yes

No

Consent

Is the participant over 16 years old?

Yes

No

Has the participant/nominee given consent for this referral? *

Yes

No

Please ensure that you have consent from the participant or nominee to make this referral

Does participant have a nominee, or are they their own decision-maker? *

Has nominee

Own decision-maker

Email address and phone number of participant

Name of nominee *

If Own decision-maker, please skip to Support section.

Behaviour / Diagnoses / Risk

Clinical diagnosis/diagnoses *

Brief description of client/behaviours of concern/reason for referral *

Is physical restriction (anything that stops you from moving freely [i.e. hand hold or bear hug]) ever used to manage behaviours?

Yes

No

Unsure

If yes, which of the following are used?

One person restraint

Two person restraint

Three person restraint

One person escort

Two person escort

Three person escort

Standing restraint

Seated restraint

Are mechanical devices (the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour [i.e. gloves or a harness]) ever used to manage behaviours?

Yes

No

Unsure

If yes, which of the following are used?

Buckle cover or Harness

Cuffs

Protective headgear

Restrictive clothing

Splints

Strap

Tables/Furniture

Wheelchair seat belt

Is there a risk of harm to our therapists? Yes No Unsure

Are there other people present known to have any aggressive behaviours? Yes No Unsure

Does the participant have any active symptoms of psychosis? Yes No Unsure

Does the participant have a recent history of drug or alcohol abuse? Yes No Unsure

Are you aware of any "triggers" for this participant that may result in a violent/ aggressive response? Yes No Unsure

Does the participant have any history of violence towards support staff or health professionals? Yes No Unsure

Does the participant have any recent criminal justice involvement? Yes No Unsure

NDIS Plan details

Start date of plan *
dd/MM/yyyy

Plan review date
dd/MM/yyyy

End date of plan *
dd/MM/yyyy

Relationship to participant

Email address of nominee

Nominee phone number

Support

Name of key carer *
The person who knows the participant the best

Key carer phone number

Key carer email address

If participant attends a school or day program, please provide details of name of program and contact person:

Professionals involved

- Occupational therapist Speech pathologist General Practitioner
- Psychologist Psychiatrist Physiotherapist
- Podiatrist Dual Diagnosis specialist Dietician
- House manager Other

Details of health professionals are involved in the care? *

We require professions, names, phone numbers, and emails.

Funding

What kind of funding is on the plan?

Improved Relationship

Specialist Behavioural Intervention Support (\$214.14 p.h)

 Hours

Behaviour Management Plan Incl. Training In Behaviour Management Strategies (\$193.99 p.h)

 Hours

Improved Daily Living

Funding allocated to NPBS (standard rate is \$193.99 p.h)

 Hours

Plan managed, Self Managed, or NDIA managed?

Details of where invoices to be sent

Email address, detail of plan manager etc

Participant preference of gender of therapist

Either

Female

Male

Does the participant have any history of violence towards support staff or health professionals?

Yes

No

Unsure

Other presenting risks

Presenting risks

Risk of permanent injury or death to person

Homelessness

Risk of permanent injury or death to others

Substance abuse

Loss of service or school placement (permanent)

Service or school placement interruption (temporary)

Police / Criminal Justice contact

Sexual exploitation

Other

Does the participant have a current/previous Behaviour Support Plan?

Yes

No/Uncertain

Expiry date of BSP

dd/MM/yyyy

Person filling out referral form

Referrer name

Your name

Referrer organisation

Referrer contact number

Referrer email *

How did you hear about us?

Information provided is accurate *

Date

dd/MM/yyyy

Please attach NDIS plan/RFS with this filled Referral Docuemnt.