



Please be advised that our wait period is approximately 2 - 4 Weeks for Psychology Services. 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

Risk Analysis of Participant

Is there a risk of harm to our Therapist? *

Yes

No

Details of risk of harm to our Therapist.

Please enter short details on risk of harm to our Therapist.

Does the participant have any history of Drug or Alcohol abuse? *

Yes

No

Details of history of Drug or Alcohol abuse.

Please enter short details of history of Drug or Alcohol abuse.

Are you aware of any "Triggers" for this participant that may result in a violent/aggressive response? *

Yes

No

Are you aware of any "Triggers" for this participant that may result in a violent/aggressive response?

Please enter short details of any "Triggers" for the participant that may result in a violent/aggressive response?

Does the participant have any history of violence towards

Yes

No

support staff or health professional? *

Details of any history of violence towards support staff or health professional.

Please enter short details of any history of violence towards support staff or health professional.

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.

Start date of plan *

dd/MM/yyyy

Plan review date

dd/MM/yyyy

End date of plan *

dd/MM/yyyy

Address of participant

Street Address

Address Line 2

Suburb

State

Post 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

Participant preference of gender of therapist

Either

Female

Male

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

Has nominee

Own decision-maker

Email address and phone number of participant

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

Name of nominee *

Relationship to participant

Email address of nominee

Nominee phone number

Are you happy to engage in Tele Health Services? *

Only during covid

At all times

Face to face meetings only

Support

Are you happy to engage in Tele Health Services? *

Yes

No

Does the participant give permission to speak to the key carer? *

Yes

No

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 Professionals involved *

Please provide Name, Phone Number and Email

Funding

How many hours of IDL funding is allocated to NPBS for Psychological services(IDL Psyc)? *

Plan managed, Self Managed, or NDIA managed?

Details of where invoices to be sent

Email address, detail of plan manager etc

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