**RESTED MINDS**

**NDIS REFERRAL FORM**

**12 yrs + to Adult**

**Psychological Counselling and Therapy**

**Director | Principal Practitioner: Melissa Andrews**

**Trauma Informed Practice**

Location: Shed #9, 38-42 Pease St, Manoora Bohemia Business Centre

Phone: 0477 004 677 Email: melissa@restedminds.com.au

Website: [www.restedminds.com](http://www.restedminds.com)

**PLEASE ATTACH PARTICIPANT SUPPORTING DOCUMENTS FOR CLINICIANS**

**(EG: MEDICAL RECORDS, OT ASSESSMENTS, PSYCHOLOGICAL HISTORY)**

|  |  |
| --- | --- |
| **Participants Full Name (as on NDIS plan)** |  |
| **Participants NDIS Number** |  |
| **Participants D.O.B** |  |
| **Participants Contact Number (if applicable)** |  |
| **Participants Address** |  |
| **Participant email address (if applicable)** |  |
| **Gender Male/Female/Other specified** |  |
| **Indigenous / Cultural Identity** |  |
| Parent or carer name (if applicable) |  |
| Parent or carer current address (if different to above address) |  |
| Parent or carer phone number (if applicable) |  |
| Parent or carer email address (if applicable) |  |
| **Plan start date** |  |
| **Plan End date** |  |
| **NDIS Plan Goals (please attach with referral)** |  |
| Service Provider name (if applicable) |  |
| Service provider email (if applicable) |  |
| Service Provider phone (if applicable) |  |
| **Support Coordinator (name)** |  |
| **Support Coordinator (email)** |  |
| **Support Coordinator (phone)** |  |
| Public Guardian name & email  (if applicable) |  |
| **NDIA Managed** |  |
| **Plan Manager (name)** |  |
| **Self Managed** |  |
| Psychosocial Disability Diagnosis. |  |