KonnectUs
Support Coordination

Perth (08) 6182 1716
Geraldton: (08) 6182 1703
Melbourne: (03) 9969 0301
www.konnectus.org.au

REFERRAL FORM

PARTICIPANT DETAILS

Full name

Date of birth (DD / MM / YYYY)

/ /

Gender

○ **Male** ○ **Female** ○ **Other**

Participant NDIS Number

Address

Phone

Mobile

Email

Alternative contact person — **Full name** — **Contact Number**

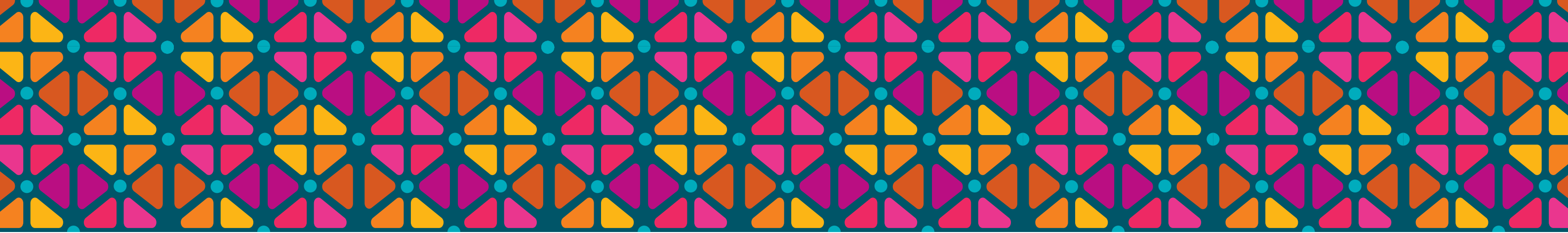
Emergency contact – Person 1 — **Full name** — **Contact Number**

Emergency contact – Person 2 — **Full name** — **Contact Number**

Current Living Arrangements (With family, alone, or sharing with others)

Cultural Background

○ **Torres Strait Islander**
○ **Aboriginal**
○ **Aboriginal & Torres Strait Islander**
○ **None of the above**
○ **Culturally and Linguistically Diverse (CALD)** (Please specify below)



SOURCE OF REFERRAL

- Self
- Family
- Agency
- NDIA
- LAC
- Other e.g Support Coordinator (Please specify)

Name, Contact Number + Email

NEXT OF KIN / SIGNIFICANT OTHER PERSON

Full name

Relationship

Address

Phone

Email

DIAGNOSIS

Please Provide Details if Applicable

Primary Diagnosis

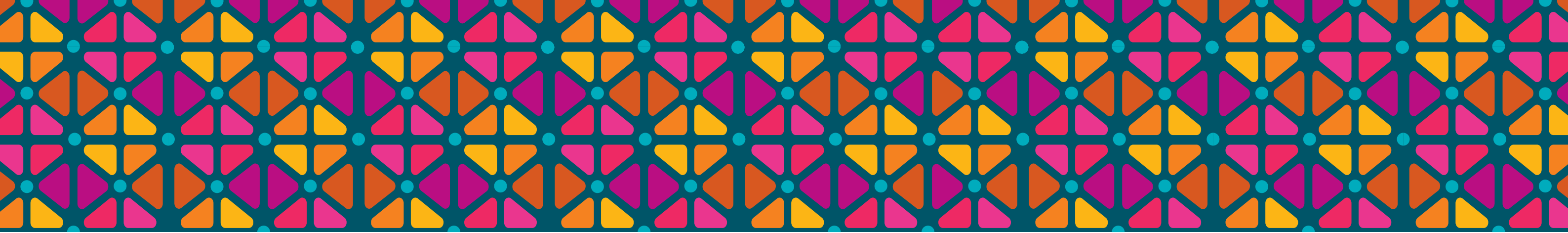
Secondary Diagnosis

Assistance required with medication?

Does the individual have Epilepsy, Seizures, Asthma, Allergies?

Assistance required with mobility e.g., wheelchair, walker, hoists?

Any other safety concerns, or Behaviours of concerns etc ?



REASONS FOR THIS REFERRAL	Details if Applicable, Or Hours/Week
○ Support Coordination Level 1 & Level 2	
○ Specialist Support Coordination	
○ Psychosocial Recovery Coach	
○ Assistance with Home and Living Application Supports	

Hours/Budget - If you know

NDIS

Who manages your NDIS funding?

○ Agency Managed ○ Plan Managed ○ Self- Managed

If Plan Managed, provide Plan Manager contact details

Full name

Phone

Email

NDIS Number

NDIS Plan Start Date

NDIS Plan End Date

HOW DID YOU HEAR ABOUT US?

OFFICE USE ONLY

Referral Outcome ◯ **Referral Accepted** ◯ **Referral not Accepted**

Name/Position

ACCEPTED

Details

Allocation Date

Date entered on the database

Notes

NOT ACCEPTED

Details

Reason not accepted

Comments/Actions e.g., referred on to [name of service]