**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)**

|  |  |
| --- | --- |
| **Participant Full Name (as on NDIS plan)** |  |
| **Participant NDIS Number** |  |
| **Participant D.O.B** |  |
| **Participant Contact Number**  |  |
| **Participant Address** |  |
| **Participant Email**  |  |
| **Gender: Male/Female/Other specified** |  |
| **Indigenous / Cultural Identity** |  |
| Parent / Carer Name (if applicable) |  |
| Parent / Carer Address (if different to above) |  |
| Parent / Carer Tel Number  |  |
| Parent / Carer Email  |  |
| **Plan Start Date** |  |
| **Plan End Date** |  |
| **NDIS Plan Goals (please attach to referral)** |  |
| Service Provider Organisation & Name |  |
| Service Provider Email  |  |
| Service Provider Contact Tel Number |  |
| **Support Co-ordinator – Name & Organisation** |  |
| **Support Co-ordinator - Email**  |  |
| **Support Co-ordinator - Telephone** |  |
| Public Guardian Contact Name, Email & Telephone Number – where applicable |  |
| **NDIA or Self Managed**  |  |
| **Plan Manager -** Name, Email & Tel Number |  |
| Psychosocial Disability Diagnosis |  |
| **Reason for Referral** – This section must be completed as fully as possible |  |
| **Other relevant information** - that may assist the Practitioner in booking appointments or during the course of therapy | Please attach all supporting documents – I.e. Medical Records, OT Assessments, Psychological History: |