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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | | | |
| **Full legal name** | Click or tap here to enter text. | | | | **Referral Date** | | | Click or tap here to enter text. |
| **DOB** | Click or tap here to enter text. | **NDIS No.** | | | Click or tap here to enter text. | | | |
| **Address** | Click or tap here to enter text. | | | | | | | |
| **Accommodation** | **Supported**  **Accommodation** | | **Lives with parent or guardian** | | | | **Own home / independent** | |
| If living in supported accommodation:  **Supported accommodation provider information** | **Accommodation provider** | | Click or tap here to enter text. | | | | | |
| **Contact Person** | | Click or tap here to enter text. | | | | | |
| **Phone and/or email** | | Click or tap here to enter text. | | | | | |
| **Decision Maker** | Click or tap here to enter text. | | | **Contact** | | Click or tap here to enter text. | | |
| **Referrer Information** | | | | | | | | |
| **Name** | Click or tap here to enter text. | | **Position** | | Click or tap here to enter text. | | | |
| **Organisation** | Click or tap here to enter text. | | | | | | | |
| **Contact** | **Phone** | | **Email** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | |

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| **Services Required**  *Please attach NDIS plan if available* | | | |
| **NDIS Plan Start date** | Click or tap to enter a date. | **NDIS Plan End date** | Click or tap to enter a date. |
| **Plan Managed?** | **Yes  No**  **If yes provide details:** | Click or tap here to enter text. | |
| **Service period same as plan dates?** | **Yes  No**  **If no provide service dates:** | Click or tap here to enter text. | |
| **Services Required** | **Funding** | **Hourly Rate** | **Total hours and / or dollar amount:** |
| Behaviour Support Plan with training | Capacity Building, **Improved Relationships**, Behaviour Support, Item 11\_**023**\_0110\_7\_3: | $193.99 | Click or tap here to enter text. |
| Specialist Behavioural Intervention Support | Capacity Building, **Improved Relationships**, Behaviour Support, Item 11\_**022**\_0110\_7\_3: | $214.41 | Click or tap here to enter text. |
| Individual Assessment and Therapy by a Psychologist | Capacity Building, **Daily Living**,  15\_054\_0128\_1\_3 | $214.41 | Click or tap here to enter text. |

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| **Referral Information** | | |
| **When was the most recent behaviour support plan completed?** | | Click or tap here to enter text. |
| **What is / are the psychosocial, cognitive, physiological disability/diagnoses?** | Click or tap here to enter text. | |
| **What are the behaviours of concern?** | *For instance: self-injurious behaviour, physical or verbal aggression, absconding, suicidality, property damage, stereotypical or compulsive behaviours, inappropriate sexualised or sensory seeking behaviours, oppositionality etc.* | |
| Click or tap here to enter text. | |
| **What are the NDIS plan goals and goals for behaviour support?** | Click or tap here to enter text. | |
| **Are there Regulated Restrictive Practices in place or needed?**  Please specify. | Click or tap here to enter text. | |
| **Is there a specific priority or immediate need?** | Click or tap here to enter text. | |

Please send this completed form to: BehaviourSupport@qualityhealthcare.com.au