



# Phoenix Place Inc.

Shop 2 235 Shakespeare St  
 Mackay, QLD 4740  
 PO Box 399, Mackay QLD 4740  
[www.phoenixplace.org.au](http://www.phoenixplace.org.au)

Mackay Phone: (07) 4953 5222  
 Brisbane: 0403 428 759  
 Email: [admin@phoenixplace.org.au](mailto:admin@phoenixplace.org.au)

## Referral Form

Please complete this form and return to:

Email: [admin@phoenixplace.org.au](mailto:admin@phoenixplace.org.au)

Section A: Referrer Details			
Date of Referral		Location	<input type="checkbox"/> Mackay <input type="checkbox"/> Brisbane
Services Required	<input type="checkbox"/> Support Coordination <input type="checkbox"/> NDIS Individual Support <input type="checkbox"/> After School & Vacation Care ( <b>Mackay Only</b> ) <input type="checkbox"/> Group Activities ( <b>Mackay Only</b> ) <input type="checkbox"/> Other:		
Referrer's Details	Name		
	Email		
	Phone		

Section B: Participant Details			
Name			
DOB		Gender	
Language Spoken			
Residential Address			
Contact Details	Phone:		
	Email:		
NDIS Plan #			
NDIS Plan Dates	<b>Start:</b>		<b>End:</b>
Medicare Card #			
Healthcare Card #			

Companion Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Other (please specify): <hr/>
Residency	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (please specify): <hr/>

Section C: Contact Details		
Emergency Contact	Name:	
	Relationship:	
	Phone:	
	Address:	
	Email:	
GP	Clinic Name:	
	Dr Name:	
	Phone:	
	Email:	

Other contacts (please include, name, organisation (if applicable, contact number and email address).	<input type="checkbox"/> NDIS Support Coordinator: <hr/>
	<input type="checkbox"/> NDIS Plan Manager: <hr/>

	<input type="checkbox"/> Public Trustee: <hr/> <input type="checkbox"/> Adult Guardian: <hr/> <input type="checkbox"/> Advocate: <hr/> <input type="checkbox"/> Community Mental Health Case Manager: <hr/> <input type="checkbox"/> Probation/Parole Officer: <hr/>
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**Section D: Medical History**

Primary Disability	<input type="checkbox"/> Autism <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric (please specify): <hr/> <input type="checkbox"/> Neurological (please specify): <hr/> <input type="checkbox"/> Physical (please specify): <hr/> <input type="checkbox"/> Other (please specify): <hr/>
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List any other medical conditions, or past health concerns. <b>Please list Allergies</b>	
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List any regular medications.	
Please rate your verbal capacity.	<input type="checkbox"/> Non-verbal <input type="checkbox"/> Communication device <input type="checkbox"/> Limited verbal skills <input type="checkbox"/> Can communicate independently
Please rate your physical capacity.	<input type="checkbox"/> Not mobile <input type="checkbox"/> Mobile with physical assistance <input type="checkbox"/> Physically independent

**Section E: Support Needs**

<p>Please indicate which sessions Apply</p> <p>After school care sessions 2.30pm-5.30pm (later sessions available on request)</p>	<input type="checkbox"/> Monday after school <input type="checkbox"/> Tuesday after school <input type="checkbox"/> Wednesday after school <input type="checkbox"/> Thursday after school <input type="checkbox"/> Friday after school <input type="checkbox"/> Vacation care (separate booking form will be sent)
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Describe what kind of support you would like to receive from Phoenix Place Inc (including likes and dislikes, activities you would like to undertake)	
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<p>In the event that you are uncontactable for a planned support, what actions do you allow us to take?</p>	
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**Section F: Additional Information**

<p>List any other information that you think may help us support you, or anything that you think is important for us to know.</p>	
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<p>In the event of an emergency (cyclone, flooding etc), do you require assistance (welfare check, support to relocate)? If yes, please specify what assistance may be required.</p>	
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<p>How did you hear about Phoenix Place Inc?</p>	
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