



Phoenix Place Inc. ABN: 65 500 272

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Mackay, QLD 4740
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www.phoenixplace.org.au

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Phoenix Place Inc is a registered NDIS provider # 4055004369

Referral Form

Please complete this form and return to: Email: intake@phoenixplace.org.au

Section A: Referrer Details		
Date of Referral		Location <input type="checkbox"/> Mackay
Services Required	<input type="checkbox"/> Support Coordination <input type="checkbox"/> NDIS Individual Support <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> After School & Vacation Care <input type="checkbox"/> Group Activities <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	Start:		End:
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/>	

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/>
List any other medical conditions, or past health concerns. Please list Allergies	
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: School Program

<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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Section F: Support Needs

<p>Describe what kind of support you would like to receive from Phoenix Place Inc. Days/times</p> <p>(including likes and dislikes, activities you would like to undertake)</p>			
DAYS	TIME	DAY	TIME
<input type="checkbox"/> Sunday		<input type="checkbox"/> Thursday	
<input type="checkbox"/> Monday		<input type="checkbox"/> Friday	
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Saturday	
<input type="checkbox"/>		<input type="checkbox"/> Public	

Wednesday		Holidays	
In the event that you are uncontactable for a planned support, what actions do you allow us to take?			

Section G: Additional Information

List any other information that you think may help us support you, or anything that you think is important for us to know.	
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.	
How did you hear about Phoenix Place Inc?	