



Phoenix Place Inc. ABN: 65 500 272

6A Lawson St
Mackay, QLD 4740
PO Box 399, Mackay QLD 4740
www.phoenixplace.org.au

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

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 <input type="checkbox"/> Brisbane
Services Required	<input type="checkbox"/> Support Coordination <input type="checkbox"/> NDIS Individual Support <input type="checkbox"/> After School & Vacation Care (Mackay Only) <input type="checkbox"/> Group Activities (Mackay Only) <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): _____		
	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (please specify): _____		

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 (Mackay only)

Please indicate which sessions Apply

After school care sessions 2.30pm-5.30pm (later sessions available on request)

- Monday after school
- Tuesday after school
- Wednesday after school
- Thursday after school
- Friday after school
- Vacation care (separate booking form will be sent)

Section F: Support Needs


Describe what kind of support you would like to receive from Phoenix Place Inc. Days/times

(including likes and dislikes, activities you would like to undertake)

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"/> Wednesday		<input type="checkbox"/> Public Holidays	

<p>In the event that you are uncontactable for a planned support, what actions do you allow us to take?</p>	
---	--

Section G: 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>	
<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>	
<p>How did you hear about Phoenix Place Inc?</p>	