

# NDIS Enquiry / Referral Form



Details of person being referred	
Have they consented to referral	Yes or No
Name	
Preferred Name	
Address	
Gender	
Main Language	
Aboriginal/Torres Strait Islander	
Date of Birth or approximate age	
Email	
Contact Numbers	(m) (h)
Landline Number	

Referrer Details (can include self-referral, family, carer, friend or other)	
Name	
Agency / Relationship to client	
Contact Number	
Email Address	
Address	

Clinical Support	
Psychiatrist Name	
Contact Number	
Email Address	
Address	
GP Name	
Contact Number	
Email Address	
Address	
Other - Name	
Name	
Contact Number	
Email Address	
Address	

If you are a referring Case Manager / Clinician, please include the following:

- Care Management Plan
- Risk Assessment
- Management Plan for risk behaviours, if any

Signature of Referrer \_\_\_\_\_ Date: / /

Send correspondence to:

NDIS Team Leader  
PHaMs Team Leader

eimear.teague@helpingminds.org.au  
dawn.ryder@helpingminds.org.au

For more information contact HelpingMinds Client Coordination team 9427 7100