

# NDIS REFERRAL FORM



ABN: 20 241 430 211  
NDIS Provider Number: 4-4GHG-80  
ndis@tadwa.org.au  
08 9379 7400

Date of Referral:

## PARTICIPANT DETAILS

Title:  Mr  Mrs  Ms  Other:

First Name(s): Surname:

Date of Birth: Phone:

Residential Address:

Postal Address (if different):

Email:

Preferred contact for Participant	<input type="checkbox"/> Participant <input type="checkbox"/> Referrer <input type="checkbox"/> Other:	What is the Participant's preferred method of contact?	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post
How does the Participant identify?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to say	Does the Participant identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both <input type="checkbox"/> No
Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which language?	

## NDIS DETAILS

TADWA will require a copy of your NDIS plan or section of the plan that relates to TADWA services requested. This is to ensure we are the correct organisation to provide those services. Your plan is not required at this stage; we will contact you if we are to provide you with a service.

Agency Managed  Plan Managed  Self Managed

NDIS Number:

NDIS Plan Dates:

## PLAN MANAGER DETAILS

Full name:

Organisation:

Plan Manager Email:

Phone:

Mobile:

Invoice Email:

## SUPPORT COORDINATOR DETAILS

*If not applicable please go to the next section*

Full name:

Organisation:

Address:

Email:

Phone:

Mobile:

## PARTICIPANT'S DIAGNOSIS / HEALTH CONDITION

*Please provide relevant details*

## ASSISTIVE TECHNOLOGY CURRENTLY USED (e.g. wheelchair or hoist)

*Please provide relevant details*

## REFERRER DETAILS

*If not applicable please go to the next section*

Full name:

Organisation :

*(if applicable)*

Relationship to Participant or Position:

Address:

Email:

Phone:

Mobile:

Preferred method of contact?

Phone

Email

Post

## CARER, REPRESENTATIVE, ADVOCATE OR FAMILY DETAILS

*If not applicable please go to the next section*

Full name:

Relationship to Participant:

Address:

Email:

Phone:

Mobile:

## OTHER ALLIED HEALTH PROFESSIONALS INVOLVED IN THE PLAN

*If not applicable please go to the next section*

Full name:

Relationship to Participant:

Organisation:

Email:

Phone:

Mobile:

Full name:

Relationship to Participant:

Organisation:

Email:

Phone:

Mobile:

Full name:

Relationship to Participant:

Organisation:

Email:

Phone:

Mobile:

## SERVICE(S) REQUESTED

- Functional Capacity Assessment
- Assistive Technology Assessment (e.g. wheelchair or shower equipment)
- Minor Home Modifications Assessment (non-structural work e.g. ramps or rails etc.)
- Complex Home Modifications Assessment that may require structural work including door widening or wall realignment or removal
- Building Work Project Management (BWPM) or Building Consultancy
- Supported Independent Living (SIL) Assessment
- Housing Exploration / Specialist Disability Accommodation (SDA) Assessment
- Clinical Virtual Reality (VR) Services
- Bike or Trike assessment or prescription
- Vehicle Modifications (e.g. hand controls, accelerator or hoists)
- Technology (e.g. mobile pendant alarm, refurbished or new computer or technology)
- Home automation and smart home design
- Technology Support Agreements (Help Desk Service)
- Equipment (e.g. mobility aids or personal care)
- Custom solution or customisation
- Other (please provide as much detail as possible):

## HOW DID YOU HEAR ABOUT US?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Existing Customer | <input type="checkbox"/> Local knowledge                  | <input type="checkbox"/> Direct mail (post)        |
| <input type="checkbox"/> TADWA website     | <input type="checkbox"/> Event or Trade Show              | <input type="checkbox"/> Direct mail (email)       |
| <input type="checkbox"/> Social media      | <input type="checkbox"/> Advertising                      | <input type="checkbox"/> Blog article              |
| <input type="checkbox"/> Word-of-mouth     | <input type="checkbox"/> Independent Living Flip Magazine | <input type="checkbox"/> NDIS Provider list/finder |
| <input type="checkbox"/> Other:            |   |  |

When complete please send to [referrals@tadwa.org.au](mailto:referrals@tadwa.org.au)