A picture containing drawing, room

Description automatically generated**Participant Referral Form**

Easy Living Care Solutions Pty Ltd

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| **I am completing this form as:** | Myself as the participant *(please go directly to participant details)*  Someone I am referring to Easy Living Care Solutions *(please fill referrer details section)* |

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| REFERRER DETAILS | | | |
| Referrer Name |  | **Referrer Email** |  |
| Referrer Contact Number |  | **Referrer Relation to Participant** |  |
| Referrer Organisation |  | | |

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| PARTICIPANT DETAILS | | | | |
| First Name |  | **Surname** | |  |
| D.O.B |  | **Gender** | |  |
| Contact Number |  | **Email Address** | |  |
| Address |  | | | |
| NDIS Number |  | **NDIS Plan Dates** | | to |
| Plan Management  Type | PLAN MANAGED  SELF MANAGED | | NDIA MANAGED | |
| Marital Status | SINGLE  MARRIED | | WIDOWED  OTHER: | |
| Living Situation | LIVING ALONE  LIVING WITH FAMILY/OTHERS | | RESIDENTIAL CARE  OTHER: | |

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| CULTURAL DETAILS | | | | | | |
| Country of Birth |  | | **Cultural Background** | |  | |
| Preferred Language/s? |  | | **Interpreter Required?** | | YES | NO |
| Refugee? | YES | NO | **Relevant Religious Considerations (if any?** | |  | |
| Identifies as: | ABORIGINAL  TORRES STRAIT ISLANDER | | | ABORIGINAL & TORRES STRAIT ISLANDER  NEITHER | | |

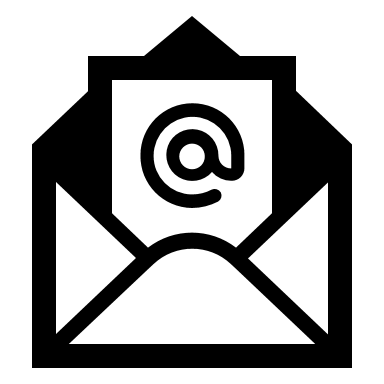
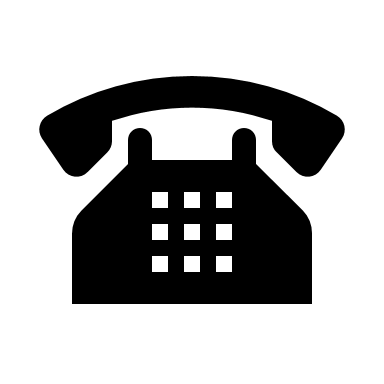
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| CONDITION DETAILS | | | | | | | | | |
| Relevant Health Condition or Diagnosis |  | | | | | | | | |
| Information about the client (triggers, likes, dislikes): |  | | | | | | | | |
| Cognition | VERY GOOD | | GOOD | | | FAIR | | POOR | |
| *Comments:* | | | | | | | | |
| Communication | VERBAL | | NON-VERBAL | | | AIDS | | OTHER | |
| *Comments:* | | | | | | | | |
| Mobility | INDEPENDENT | | | | REQUIRES ASSISTANCE | | | | |
| *Comments:* | | | | | | | | |
| Behaviours of concern? | YES | NO | | **BSP?** (if yes, please attach) | | | YES | | NO |
| *Comments:* |  | | | | | | |  |
| Assistive Technology? | YES | | | | NO | | | | |
| *Comments:* | | | | | | | | |
| Level of Independence: |  | | | | | | | | |

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| REQUEST FOR SUPPORTS *(What services are you interested in?)* | | | |
| Gardening | ☐ Housework/ Cleaning | ☐ Personal Care | ☐ SIL Accommodation |
| STA/MTA | ☐ Community Access | ☐ Community Nursing Care | ☐ Support Coordination |
| ☐ Assistance with Travel/Transport | ☐ Assistance with Appointments | ☐ Assistance with Finding Accommodation | ☐ In home Respite |
| ☐ Assistance with Daily Living/Life skills | | | |
| *Other:* | | | |

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| SUPPORT SPECIFICS | | | | |
| Brief Description of Main Concerns |  | | | |
| Goals from NDIS Plan *(either list or attach)* |  | | | |
| Days and Times of Support being Requested | MON: | TUES: | WED: | THUR: |
| FRI: | SAT: | SUN: | *(e.g., 9am-12pm personal care)* |

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| **How did you find out about us?** *(please circle or highlight)* |
| LAC Office | Friend | Therapy Support | Health Practitioner | Support Coordinator | Google  Other: |
| **Please list the person where possible?:** |

Any further enquiries can be made by contacting Easy Living Care Solutions on the following:



[info@easylivingcare.com.au](mailto:info@easylivingcare.com.au) (03) 8376 9285 | 0460 809 276