**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 ManagementType | [ ]  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 | GoogleOther:  |
| **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 (03) 8376 9285 | 0460 809 276