Bright Holistic SA – Client Referral Form

Thank you for choosing Bright Holistic SA for your services. Please submit all referrals to admin@brightholistic.org. If you have any questions, contact our team on 0493 828 674.
As we work holistically, we encourage any relevant reports to be submitted for consideration with referral form. This allows us to best understand and work with the participant needs.
Please note at this time we are unable to accept referrals that are NDIA agency managed

Referrer Information:

Date:	**First Name**:	**Surname**:
Phone:		
Email:		
Role: ☐ Family member ☐ Guardian ☐ Support Coordinator ☐ Other		
Organisation: (*if applicable)*		
How did you hear about us?:		

Parent / Guardian / Nominee Details:

Title:	**First Name**:	**Surname**:
Email:		**Phone 1**:
Relationship to client:		**Phone 2**:
Organisation: (*if applicable)*		
Does the individual have the capacity to consent? ☐ Yes ☐ No		
Are there any relevant court and/or other orders in place? ☐ Yes ☐ No If yes, please provide details:		

NDIS Details:

NDIS Plan #:	
NDIS Plan Start Date:	**NDIS Plan End Date**:
Is this the clients first NDIS plan? ☐ Yes ☐ No	
How is the plan managed?: ☐ Agency Managed ☐ Self-Managed ☐ Plan Managed (if yes, complete below)	
Provider:	
Contact Person:	
Contact Phone:	**Contact E-mail**:

Participant Details:

Title:	**First Name**:	**Surname**:
Gender: ☐ Male ☐ Female ☐ Other		**Date of birth**:
Home Phone:		**Mobile:**
Email:		
Street Address:		
Suburb:		**Postcode**:
Postal Address (if different to above):		
Suburb:		**Postcode**:
Cultural Identity: ☐ Aboriginal ☐ Torres Strait Islander ☐ Other:		
Primary Language:		
Primary Diagnosis: ☐ Intellectual ☐ Physical ☐ Psychosocial ☐ Comorbidity Details:		
Other conditions:		
Impact of Disability:		
Mobility:		
Communication:		
Social Interaction:		
Self-Care:		
Daily Management:		
Family / Informal Support (please describe):		
Accommodation: ☐ Live with Family ☐ Live Alone ☐ Supported Independent Living ☐ Other Details:		
Day Activities: ☐ School ☐ Day Options ☐ Supported Employment ☐ Open Employment ☐ Other **Details:**		
Does the participant receive a pension? ☐ Yes ☐ No not known If yes, type:		
Positive Behaviour Support Plan? ☐ Yes ☐ No		
Are there any Restricted Practices in place? ☐ Yes ☐ No If yes, please provide details:		
Any Care Plans in place? ☐ Yes ☐ No If yes, please provide details:		

Services Required:

Service:	Available hours/budget & Support Required:
☐ Social & Community Participation Support	
☐ Respite / STA	
☐ Social and Skill building groups	
☐ Social work / Key worker	
☐ Social Work: Bridging Program (Intensive short-term intervention)	
☐ Therapy & Counselling (Including art therapy)	
☐ Group Therapy program	
☐ Functional Capacity Assessment	
☐ Housing Assessment	
Support Coordination ☐ Level 2 ☐ Level 3 (Specialist) ☐ Recovery Coaching	

Additional Information i.e. informal supports / risks etc.

Thank you for completing this form. Please submit this form and any relevant documents such as NDIS plan and past reports via email to admin@brightholistic.org.

If you are seeking therapy under Mental Health Care Plan via Medicare, please do not use this NDIS referral form.