

Port Lincoln Aboriginal Health Service

19A Oxford Terrace

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Email: reception@plahs.org.au Website: www.plahs.org.au**National Disability Insurance Scheme (NDIS) - Referral Form**

Referrer Details			
Name		Organisation	
Position		Postal Address	
Signature		Date	
Client Details			
Full Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	
Address			
Phone		Email	
Parent/Caregiver or Primary Carer Details (if required)			
Name		Relationship	
Address			
Phone		Email	
Disability			
<input type="checkbox"/> Autism Spectrum Disorder			<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Neurological			<input type="checkbox"/> Physical
<input type="checkbox"/> Development delay			<input type="checkbox"/> Sensory (<i>Vision, Hearing</i>)
<input type="checkbox"/> Cognitive/Acquired brain injury			<input type="checkbox"/> Attributable to a psychiatric condition
<input type="checkbox"/> Other, <i>please provide details</i>			
Referral Details			
Is there a current NDIS Plan? <i>If yes, please provide a copy of NDIS Plan.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
What specific area of support required?	<input type="checkbox"/> Awareness and information <input type="checkbox"/> Application process <input type="checkbox"/> Pre planning <input type="checkbox"/> Understanding pre-existing plans <input type="checkbox"/> Advocacy between NDIS and service providers	Comments:	
<i>Additional information</i>			

Please complete form and email to PLAHS NDIS Coordinator Rachel.Ware@plahs.org.au