Request for Service – Therapy

Participant Details

Full Name			
Date of Birth		Age	
Gender	▭ Male ▭ Female ▭ Self-described (please specify):		
Pronouns	▭ He/Him/His ▭ She/Her/Hers ▭ They/Their/Theirs		
Address			
Email Address			
Phone Number			
Do you/does the participant identify as part of the Gay, Lesbian, Bisexual, Transgender, or Intersex community?	▭ Yes ▭ No ▭ Unsure		
Are you/is the participant from an Aboriginal or Torres Strait Islander background?	▭ Yes ▭ No ▭ Unsure		
Are you/is the participant from a Culturally and/or Linguistically Diverse background?	▭ Yes ▭ No ▭ Unsure		

Service Request Details

Referrer Details (if other than self)	
Name	
Relationship to Participant/Organisation	
Address	
Contact Number(s)	
Email Address	

Contact person (in case of emergency)	
Name	
Relationship to Participant	
Address	
Contact Number(s)	
Email Address	

Service Request Information	
Therapy Requested	☐ Psychology ☐ Art Therapy
NDIS Number	
NDIS Plan Dates	
Service Type Service category, line item number	☐ 15_054_0128_1_3 Assessment, Recommendation, Therapy And/or Training – Psychology ☐ 15_056_0128_1_3 Assessment, Recommendation, Therapy And/or Training – Other Therapy ☐ Other (please specify):
Funding Allocation/Hours Funded	
How will these supports be paid?	☐ NDIA (Myplace)
	☐ Plan Managed Plan Management Provider:
	☐ Self-Managed Invoices to be sent to:

Preferences	
Are you able to attend session at our clinic	☐ Yes ☐ No
Preferred method of contact to organise an initial consult	☐ Directly (client) ☐ Email ☐ Phone ☐ Via the following parent/family/support: _____ ☐ Other (please specify):

Service Request Outcomes/Goals	
Purpose of Support / NDIS Goals	

Supporting Participant Information

Primary and Secondary Disability/Disabilities	
Formal Diagnosis of Mental Ill Health (if applicable)	
Physical Support Needs (i.e., equipment, etc.)	
Communication (i.e., communicates through sign, use of visuals, etc.)	
Recent changes or significant events (i.e., illnesses, bereavement, transitions, etc.)	
Experience (or witness) of personal trauma and/or abuse	
Other Information Is there anything else you would like the therapist to know? (e.g., medication, behaviours of concern, etc.)	