



All referrals will be responded to within 48 hours. Please provide as much information as possible.

If the matter is urgent or you require support completing this referral form, contact Peter Veltman on 1300 918 994 or via email admin@challengingminds.com.au .

Referrer details	
Name of referrer	
Organisation/person making the referral	
Date of referral	
Telephone	
Email	
Address	
Referral type	

Participant details including NDIS plan details	
Given name	
Surname	
Preferred name	
Gender	
Date of Birth	
Address	
Telephone	
Email	

Participant details including NDIS plan details	
Date of most recent PBSP (please attach to referral)	N/A
Communication aides	
Person consents to share information	
Person consents to contact	
Preferred method of contact	
Medicare #	
NDIS #	
Plan Dates	Start End
Available specialist hours (optional)	
Available behaviour management & training (optional)	
NDIS Funding <input type="checkbox"/> Agency managed <input type="checkbox"/> Plan managed <input type="checkbox"/> Self-managed	If plan managed, who is the plan manager?

Primary Carer or Guardian details (if applicable)	
Name	
Guardian phone	
Guardian email	
Guardian address	
Tick Applicable: <input type="checkbox"/> Public Guardian <input type="checkbox"/> Community Guardian <input type="checkbox"/> State Trustee	

Summary of referral	
Reason for referral le, To provide therapeutic support and counselling	
Current Situation le, In Supported Independent Living, criminal justice involvement, problem behaviour impacting on community	
Current Supports in place GP, psychologist, informal supports,	

Cultural considerations (complete only what is known, relevant or necessary)	
Spiritual and/or Cultural requirements	
Spiritual belief or Religion	
Aboriginal or Torres Strait Islander	
If answering yes; What is the person's clan?	
Language group	
Cultural mentor	
Their connection with their land/community	
English proficiency. Spoken and written	
Need for an interpreter? If so, language type	

Health, mental health, disability and/or substance use (complete only necessary info)	
Mental health Depression, anxiety, eating or psychotic disorder	
Neurodevelopment Disorders Autism, ADHD, dyslexia	
Cognitive impairment Intellectual disability, ABI	
Physical health, medical issues Any issues relating to physical/medical	
Substance use (current) Illegal or prescribed	

Any other information

Anything else you believe will assist in building a better understanding of the person’s needs. Include any recent or relevant reports, behaviors of concern, previous supports, any phobias.

Once you have completed this form, please send it to admin@challengingminds.com.au