



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, please contact our office on 1300 918 994 or via email admin@challengingminds.com.au

Referrer details	
Name of referrer:	
Organisation / Person making the referral:	
Date of referral:	
Phone:	
Email:	
Address:	
Referral type:	

Participant details including NDIS plan details	
Given name:	
Surname:	
Preferred name:	
Gender:	
Date of Birth:	
Address:	
Phone:	
Email:	
Date of most recent PBSP (please attach to referral):	N/A
Communication aides:	



Participant details including NDIS plan details	
Person consents to share information:	
Person consents to contact:	
Preferred method of contact:	
Medicare #:	
NDIS #:	
NDIS Plan Dates:	Start date: End date:
Available specialist hours (optional): Available behaviour management & training (optional):	
NDIS Funding: <input type="checkbox"/> Agency managed <input type="checkbox"/> Plan managed (please provide contact details) <input type="checkbox"/> Self-managed	<i>If plan managed, who is the plan manager? (Please provide contact details).</i>



Primary Carer or Guardian details (if applicable)

Name:	
Guardian phone:	
Guardian email:	
Guardian address:	

Tick Applicable: Public Guardian Community Guardian State Trustee



Summary of referral	
Reason for referral: <i>Example: To provide specialist behaviour support and/or behaviour management and training</i>	
Current Situation: <i>Example: In Supported Independent Living, criminal justice involvement, problem behaviour impacting on community</i>	
Current Supports in place: <i>Example: GP, psychologist, informal supports etc.</i>	

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: <i>Example: Depression, anxiety, eating or psychotic disorder</i>	
Neurodevelopment Disorders: <i>Example: Autism, ADHD, dyslexia</i>	
Cognitive impairment: <i>Example: Intellectual disability, ABI</i>	
Physical health and medical issues: <i>Any issues relating to physical/medical</i>	
Substance use (current): <i>Illegal or prescribed</i>	

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 email it to admin@challengingminds.com.au