



Referrer Details:

Date of Referral: _____ Referrer's name: _____
Position: _____ Organisation: _____
Address: _____ Phone number: _____
_____ Email: _____

Associated Cost Will Be Paid By: _____

Referring Organisation
Client
NDIS NDIS number: _____
NDIS Plan Attached Yes No
Other _____

NDIS Care Coordination details:

Organisation: _____
Name: _____ Contact number: _____
Email address: _____

NDIS plan manager contact details for invoicing

Name: _____ Contact number: _____
Email address: _____

Details of Client/Clients Being Referred:

Individual Couple Aboriginal: Yes No Unsure
First Name: _____ Last name: _____
Date of Birth: _____ Male Female
Contact Person (i.e. carer): _____
Contact Numbers:
Address: _____
Home: _____ Work: _____
Mobile: _____



This client is currently in the custody of Justice

Yes

No

MIN: _____

Release Date: _____

Summary of Current Issues:

Mental Health

Details:

Drug & Alcohol

Details:

Other information: _____

Declaration:

1. I have obtained verbal/written consent, from the above client, to release this information.
2. I understand that Aboriginal Counselling is a fee of service provider and that the client or associated service will incur a fee for any service that is provided.

Name: _____

Signed: _____

Please forward completed referral form by email to:

referrals@aboriginalcounsellingservices.com.au