**Behaviour Support & Psychology Referral Form**

Early Intervention & Allied Health

\*All information is strictly confidential

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| **Child Details** | | | | | |
| **Child’s Name:** | Click or tap here to enter text. | | **NDIS Number:** | Click or tap here to enter text. | |
| **Date of Birth:** | Click or tap to enter a date. | **Age:** | Click or tap here to enter text. | **Gender:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | | **Phone:** | Click or tap here to enter text. | |
| **Address:** | Click or tap here to enter text. | | **Accommodation:** | ​​​Family  ​ OOHC  ​​Other | |

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| **Referrer Details** | | | |
| **Referrer’s Name:** | Click or tap here to enter text. | **Relationship:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. |
| **Date of Referral:** | Click or tap here to enter text. | **Preferred method of contact:** | Click or tap here to enter text. |

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| **Supporting Information** |
| |  |  |  | | --- | --- | --- | | **Reason for referral**  *Please outline primary issues* | | | | Click or tap here to enter text. | | | | **Is the referral urgent?** | ​​Yes No  *If yes, explain how:*  Imminent risk of injury to self or others  Risk to, or current loss of, placement  Significant reduction in community access  Current RPs in use without written procedures or PBSP  Other: Click or tap here to enter text. | | |  | | | | **Risks**  *Select all that apply* | | | | Verbal aggression  Physical aggression  Injury to self/others  Mental health  Sexualised behaviour | | Harmful Behaviour  Police involvement  Medication (RP)  Transition  Other: Click or tap here to enter text. | | **Does the child have a Behaviour Support Plan?** | | ​​ Yes ​ No  *If yes, what type?*  Comprehensive  Interim  Review | | **Is a copy available:** | | ​​ Yes ​ No | | **Is the PBS Plan current?** | | ​​ Yes ​ No | |

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| **NDIS Plan Details** |
| |  |  |  | | --- | --- | --- | | **Plan Dates:** | ​ Click or tap to enter a date. **To** Click or tap to enter a date. | | | **Billing Details:** | ​​ Self-Managed  Agency Managed (NDIA)  Plan Managed *(If selected please provide details below)* | | | Name of organisation: | Click or tap here to enter text. | | Contact name: | Click or tap here to enter text. | | Contact phone: | Click or tap here to enter text. | | Contact email: | Click or tap here to enter text. | | **Is the Plan current?** | ​​ Yes ​ No | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Support Categories: Improved Relationships**  *Designated for Positive Behaviour Support* | | | | | | | ***Capacity Building - Improved Relationships:***  *Specialist Behavioural Intervention Support*  ***11\_022\_0110\_7\_3*** | Yes ​ No | **Total Hours:** | Click or tap here to enter text. | **Available Hours:** | Click or tap here to enter text. | | **$:** | Click or tap here to enter text. | **$:** | Click or tap here to enter text. | | ***Capacity Building - Improved Relationships:***  *Behaviour Management Plan Incl Training in Behaviour Management Strategies*  ***11\_023\_0110\_7\_3*** | Yes ​ No | **Total Hours:** | Click or tap here to enter text. | **Available Hours:** | Click or tap here to enter text. | | **$:** | Click or tap here to enter text. | **$:** | Click or tap here to enter text. |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Improved Daily Living**  *Funding from IDL can be utilised for the purpose of conducting Functional Behaviour Assessment and Analysis, with a Behaviour Assessment Report.* | | | | | | | ***Capacity Building - Improved Daily Living:***  *Psychologist*  ***15\_001\_0118\_1\_3 (under 7)***  ***15\_054\_0128\_1\_3*** | Yes ​ No | **Total Hours:** | Click or tap here to enter text. | **Available Hours:** | Click or tap here to enter text. | | **$:** | Click or tap here to enter text. | **$:** | Click or tap here to enter text. | | ***Capacity Building - Improved Daily Living:***  *Social Worker*  ***15\_621\_0128\_1\_3*** | Yes ​ No | **Total Hours:** | Click or tap here to enter text. | **Available Hours:** | Click or tap here to enter text. | | **$:** | Click or tap here to enter text. | **$:** | Click or tap here to enter text. | | ***Capacity Building - Improved Daily Living:***  *Assessment, Recommendation,*  *Therapy or Training**- other Professional*  ***15\_056\_0128\_1\_3*** | Yes ​ No | **Total Hours:** | Click or tap here to enter text. | **Available Hours:** | Click or tap here to enter text. | | **$:** | Click or tap here to enter text. | **$:** | Click or tap here to enter text. | | *NB: Providing information regarding hours and remaining funds will allow for most efficient use of funding and time. PBS outside of IR funding can only be accessed via IDL to conduct Functional Behaviour Assessments and a Behaviour Assessment Report.* | | | | | |  |  | | --- | | **Expected outcomes from service** *Please outline below* |  |  |  |  |  | | --- | --- | --- | --- | |  | | | | | **Expected timeframe for receiving service** | As soon as possible  2-4 weeks  4-6 weeks  6-8 weeks | | | | **Where is support to be provided?** *Select all that apply.* | Family home  Preschool  Playgroup  Respite  School  Other: | | | | **Primary Contact** | Participant  Parent  Guardian  Other: | **Name:** | Click or tap here to enter text. | | **Phone:** | Click or tap here to enter text. | | **Email:** | Click or tap here to enter text. | | **Address:** | Click or tap here to enter text. | |

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| **Checklist of available documents and reports** *These will assist in identifying needs and determining appropriate supports* |
| Functional Assessment  Health Care Plan  Mental Health Care Plan  Person Centred/Lifestyle Plan  ABC Data/Incident Reports  Relevant Medical Reports (eg: GP, Psychiatrist, Neurologist)  Psychologist/Counsellor Reports  Medication Chart  Risk Profile  Previous Behaviour Support Plans and/or Functional Behaviour Assessment (any)  Speech Pathology Reports/Assessments  Occupational Therapy Reports/Assessments  Any existing Restricted Practices documentation |
| *PLEASE NOTE all information provided will be used to inform allocation of support and will be stored securely by Koorana. Should you decide not to use Koorana, all hard copy and soft information will be destroyed.* |

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| **Administration Only** |
| Client existing/created in Client Management System  Yes No  Confirm NDIS Funds  Yes No  Service Agreement  Schedule of Support for PBS/Psych Yes No  Advised of Start of service Yes No |
| **Please send referral form to: pbs.psych@koorana.org.au** |