**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** |
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| **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.  |
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| **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**  |
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| **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 |

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| **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. |

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| **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.*   |

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| **Expected outcomes from service***Please outline below* |

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| **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** |