NDIS Participant Referral Form

Please complete all sections and submit with relevant supporting documents.

Provider Details

- **Provider Name:** Peers Healthcare Providers Pty Ltd ACN: 650 628 121 (Atf Five Rivers Business Group ABN: 98 960 924 919) NDIS Registered 4-HAHFVUH
- **Address:** Suit 3/20 Payneham Road, Stepney SA 5069
- **Phone:** +61468406505
- **Email:** admin@peershealthcare.com.au
- **Website:** https://www.peershealthcare.com.au/

Part A: Referrer Details

- **Full Name:** _____
- **Organisation (if applicable):** _____
- **Relationship to Participant (e.g., Support Coordinator, LAC, Family Member, Self-Referral):** _____
- **Phone Number:** _____
- **Email:** _____
- **Date of Referral:** ____ / ____ / _____

Part B: Participant Details

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **NDIS Participant Number:** _____
- **Residential Address:** _____

- **Phone Number:** _____
- **Email:** _____
- **Preferred Contact Method:** ☐ Phone ☐ Email ☐ Text ☐ Other: _____
- **Identifies as Aboriginal or Torres Strait Islander?** ☐ Yes ☐ No
- **Interpreter Required?** ☐ Yes ☐ No
    - If yes, specify language: _____
- **Does the participant have a Guardian or Plan Nominee?** ☐ Yes ☐ No
    - If yes, Name: _____
    - Relationship: _____
    - Contact Number: _____

Part C: NDIS Plan Details

- **NDIS Plan Start Date:** ____ / ____ / _____
- **NDIS Plan End Date:** ____ / ____ / _____

How are the participant's NDIS funds managed?
☐ NDIA Managed
☐ Plan Managed
☐ Self-Managed

If Plan Managed, provide details below:

- **Plan Management Organisation:** _____
- **Contact Person:** _____
- **Email for Invoicing:** _____

Participant's Key NDIS Goals (as stated in plan):

Does the participant have a Support Coordinator? ☐ Yes ☐ No

- If yes, Name: _____
- Organisation: _____
- Phone Number: _____
- Email: _____

Part D: Referral Information

- **Primary Disability / Diagnosis:** _____
- **Other Relevant Diagnoses / Conditions:** _____

Reason for Referral / Services Requested:
(e.g., Support Coordination, SIL, MTA, STA, Behaviour Support, OT, Community Nursing)

Details of Current Supports and Circumstances:

Relevant Health and Disability Information:
(e.g., medication, medical devices, high-risk care needs, swallowing concerns)

Cultural Considerations, Values or Beliefs:

Are there any risks to consider?
(e.g., behaviours of concern, restrictive practices, manual handling, community safety)
☐ Yes ☐ No
If yes, please describe:

Equipment in Use (if any):
☐ Wheelchair ☐ Hoist ☐ Oxygen ☐ PEG ☐ Other: _____

Part E: Consent and Supporting Documents

☑ **Consent:**
I confirm that the participant (or their authorised representative) has provided consent for this referral to be made and for the provider to contact them.

- **Referrer Signature:** _____
- **Date:** ____ / ____ / _____

Supporting Documents (please attach or note if to be provided separately):
☐ Copy of NDIS Plan
☐ Behaviour Support Plan
☐ Functional Assessments / OT Reports
☐ Risk Assessments
☐ Allied Health Reports (e.g., Speech, Physio, Nursing)
☐ Medication Charts
☐ Other: _____

Part F: Privacy Statement

Peers Healthcare Providers collects personal information to assess eligibility and deliver services aligned with your NDIS plan. All information is stored securely and handled in compliance with the **Australian Privacy Principles**. For more information, please refer to our Privacy Policy or contact our office.

Submission Instructions

Please email the completed referral form and supporting documentation to:
admin@peershealthcare.com.au

Note:

Questions on this page are *not mandatory* to answer. However, if you can spare 5 more minutes, your feedback will help us focus on advertisement areas and make further improvements with your priceless suggestions.

Where did you hear about us?

☐ **Self Searched**
☐ **From Other Provider**
☐ **From Participants or Family**
☐ **From Google**
☐ **From social media**

☐ **From other search engines**

Feedback Section

How did you find this referral form?
☐ **Bad** ☐ **Average** ☐ **Fair** ☐ **Complete**

If you chose one or more of the first three options above, please provide your suggestions or feedback below:

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.....
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Thanks for the reference and your feedback

Team PHP