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Living Your Best Life Your Way!

Client Referral Form

Raz Care fosters an open door policy where participants are the heart of everything, help us get to know you better!

Client Details	
Client First Name:	
Client Last Name:	
Client Date of Birth:	
NDIS Number:	
NDIS Funding Type:	<input type="checkbox"/> Agency Managed (NDIS) <input type="checkbox"/> Self-Managed <input type="checkbox"/> Plan Managed
Provide Plan Manager (if applicable) see NDIS Funding Type	
Address	
Contact Number	
Email	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail

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About you	
Living Situation	<input type="checkbox"/> Own home (alone) <input type="checkbox"/> Own Home (with family) <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____
Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Client have a current Behavioral Support Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Restrictive Practices in place?	<input type="checkbox"/> Yes <input type="checkbox"/> NO Tick all that applies. <input type="checkbox"/> Mechanical <input type="checkbox"/> Environment <input type="checkbox"/> Chemical <input type="checkbox"/> Unknown
Mode of communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Communication aids required. Other: _____



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<p>Please provide all medical diagnosis and medicine that may affect the support provided</p>	
<p>Do you/does the participant use any mobility equipment or assistive technology? Please specify</p>	
<p>Services being requested/ hours per day/week. Please specify</p>	<p><input type="checkbox"/> Assistance with transport <input type="checkbox"/> Household tasks <input type="checkbox"/> Personal care <input type="checkbox"/> Community participation <input type="checkbox"/> Others</p> <p><input type="checkbox"/> Hours per day/week</p>
<p>Do you have a preference for your support worker?</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference</p>
<p>Any cultural concerns to take into consideration? Please specify</p>	

Referrer name and signature

Once completed, please email to info@razcare.com.au