SPECTRUM VILLAGE

AUTISM LEARNING CENTER

GRAFTON OFFICE – 6 / 1a King St, GRATON NSW 2460

HEAD OFFICE - 4 / 156 Urraween Rd, Pialba QLD 4655

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P 07 4112 5493

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Therapist Referral Request

Please complete and return - see contact details above.

Referring person:	
Agency/organisation of referring person:	Name of organisation: Postal Address: Phone Contact: Email:
Date of referral:	
All clients will be seen initially asap. Is this referral urgent?	Please note when assessment is required by: Yes No

Name of person being referred:	
Preferred name:	
Date of Birth:	
Address:	
Phone contact: (if via referring person, please state this.)	
Email address:	
Responsible person/next of kin if appropriate:	Name/s:

	Relationship to client: Address: Phone:
Diagnosed conditions (list all)	
Is this person aware of their diagnosis?	Yes / No
Reason for referral – please note concerns, any relevant goals in NDIS plan, requests for information from school/family etc. Attach referral letter/reports if preferred.	
Constraints/preference on appointment times:	

NDIS Information

NDIS Participant Number (if applicable.)	
Is a copy of the NDIS plan able to be provided? If so, please send.	
How will accounts be paid? (Circle)	NDIA Self-managed Plan Managed
If 'Plan Managed' please supply details.	Plan Management Company: Contact person: Phone number: Address: Email address for accounts:
Support Coordinator details.	Name: Organisation: Address: Phone number (include mobile if possible): Email
Any other information.	
Services Required :	
Location Required :	Hervey Bay Queensland OR Grafton New South Wales