



**TRUCARE PTY LTD**  
**REFERRAL FORM FOR NDIS CLIENTS**  
PLEASE SEND COMPLETED REFERRAL AND A COPY OF THE NDIS  
PLAN TO [admin@trucare.net.au](mailto:admin@trucare.net.au)

<b>DETAILS OF CLIENT</b>	
First Name:	Last Name:
Date of Birth:	NDIS Number:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:	Phone Number:
	Email Address:
Next of Kin – Emergency Contact Details	Relationship to Client:

<b>LIVING SITUATION</b>	
<input type="checkbox"/> Alone	<input type="checkbox"/> Living with Family or Others
<input type="checkbox"/> Residential Home/SRS etc	<input type="checkbox"/> Other

<b>CLIENTS DIAGNOSIS</b>	
Formal Diagnosis	Any other information we should know

<b>SAFETY INFORMATION</b>
Please list below any safety concerns or other relevant information that maybe useful



### REFERRAL INFORMATION

Full Name:	Address:
	Position:
Phone Number:	
Email Address:	

### NDIS PLAN DETAILS

NDIS Plan Start Date:	NDIS Plan End Date:
<input type="checkbox"/> Plan Managed <input type="checkbox"/> Self Managed	
Plan Manager Details:	Email:
	Phone Number:
	Address:
Has the NDIS client consented to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PLEASE LIST SERVICES REQUIRED

Please include relevant background information that can be used to assist us in finding and matching the client with a suitable support worker. For example, preference of support worker gender/age/interests. **Please also include preferences for time, date and day of the week for support.**



What are the client's aspirations/NDIS goals in the context of direct support?