AMR Psychology & Associates Referral for Positive Behaviour Supports

Welcome to AMR Psychology & Associates (NDIS number: 4053443870), please complete this referral to the best of your knowledge and provide any notes, documents or information that will help us to understand the participant's needs and progress this referral. We look forward to reviewing the referral and providing supports and services.

* Indicates required question

1. Email *

2. Date of Enquiry *

Example: 7 January 2019

3. Participant's Name *

4. Participant's Date of Birth *

Example: 7 January 2019

5. Participant's NDIS Number *

6. NDIS Plan start date *

Example: 7 January 2019

7. NDIS Plan end date *

Example: 7 January 2019

8. Participant's address *

9. Suburb and State *

10. Postcode *

11. Participant's phone number

12. Participant's email address

13. What type of housing does the participant live in? *Check all that apply.* *

Tick all that apply.

- [ ] Family home
- [ ] Own residence
- [ ] Supported Independent Living
- [ ] Specialist Disability Accommodation
- [ ] Other: _____

14. If you checked Supported Independent Living or Disability Accommodation, please provide the name and contact details of the House Team Leader: *

_____

15. Is the participant's housing environment safe for face to face visits? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

16. If you answered 'No' or 'Unsure' above, please describe?

_____

_____

_____

_____

_____

17. Who is the participant's NDIS plan nominee? *

_____

18. Please provide the plan nominee's phone number. *

19. Please provide the plan nominee's email address. *

20. What is the plan nominee's relationship to the participant? *Check only one box.* *

Tick all that apply.

- [ ] Spouse or partner
- [ ] Parent or Guardian
- [ ] Related family member
- [ ] Friend
- [ ] Other:

21. Who is the participant's NDIS authorised decision-maker? *

22. Please provide the authorised decision-maker's phone number. *

23. Please provide the authorised decision-maker's email address. *

24. What is the authorised decision-maker's relationship to the participant? *Check only one box.* *

Tick all that apply.

- [ ] Spouse or partner
- [ ] Parent or Guardian
- [ ] Related family member
- [ ] Friend
- [ ] Other: _____

25. Are you the participant's Support Coordinator? *

Mark only one oval.

- ◯ Yes
- ◯ No

26. If 'Yes', please provide your name and the organisation you work for.

_____

27. Please provide your phone number. *

_____

28. Please provide your email address. *

_____

29. **About the Participant** *

What is the reason for referral?

30. What is the participant's primary diagnosis / reasons for NDIS eligibility: *

31. Does the participant's have secondary diagnoses, or other relevant diagnoses?

32. What are the participant's NDIS goals?

33. Please provide the participant's NDIS Plan by uploading a file.

Files submitted:

34. Do you have relevant background information about the participant? *Check all that apply.*

Tick all that apply.

- [ ] Health Assessments
- [ ] Health Plans
- [ ] Communication Assessments
- [ ] Communication Plan
- [ ] Psychology Reports
- [ ] Diagnostic Reports

35. Is there any other information about the participant we may need to be aware of? *Check all that apply.* *

Tick all that apply.

- [ ] Restrictive Practices
- [ ] Self harming behaviours
- [ ] Suicidal Ideation
- [ ] High medical/complex needs
- [ ] Increased incident reporting
- [ ] Justice/Protective Services/Child Protection
- [ ] Housing instability
- [ ] Other
- [ ] Not applicable

36. If you checked 'Restrictive Practices', please advise which restraints are prescribed to the participant? *Check all that apply.*

Tick all that apply.

- [ ] Chemical restraints
- [ ] Environmental restraints
- [ ] Mechanical restraints
- [ ] Physical restraints
- [ ] Seclusion
- [ ] Unknown

37. Is the participant's authorised decision-maker or plan nominee responsible for decisions relating to restrictive practices?

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

38. If 'No', could you please provide the name and contact details of the Independent Person who has been responsible for decisions relating to restrictive practices?

_____

39. How much funding remains for Specialist Behavioural Intervention Support? (item #11_022_0110_7_3) *

_____

_____

_____

_____

_____

40. How much funding remains for Behaviour Management Plan including Training? (item #11_023_0110_7_3) *

41. Is the commencement of positive behaviour supports time sensitive or need to begin by a particular date? *

Mark only one oval.

- Yes
- No
- Unsure

42. If 'Yes', please advise the time sensitive date or commencement date?

43. How are the participant's funds being managed? *

Mark only one oval.

- NDIA Managed
- Plan Managed
- Unknown

44. If 'Plan Managed', please provide the name and contact details of the plan manager?

45. Which Provider Portal is used for the participant's supports and services? *

Mark only one oval.

- My Place Provider Portal
- My NDIS Provider Portal (PACE)
- Other

46. If you checked the 'My NDIS Provider Portal (PACE)', who will provide endorsement?

47. Are other providers / professionals involved with the participant’s care? *Please list the organisations and their contact details.*

48. Does or did the participant have a Behaviour Support Provider? *

Mark only one oval.

- Yes
- No
- Unsure

49. If 'Yes', please provide the Behaviour Support Provider's name and contact details.

50. To help progress this referral, please advise us of any updates, issues or matters that we have not asked about.

51. Please upload any documents relevant to the participant to help progress this referral.

Files submitted:

52. Thank you for this referral.

Please provide your name and contact details. (E.g: Email and phone number).

53. AMR Psychology & Associates can be contacted on 0466 631 112 or via email on hello@amrpsychology.com.au

Please find our website at amrpsychology.com.au

If you wish to provide feedback on this referral, please write a short response.