



# ELPE Health

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## Psychology

### NDIS Participant Referral Form

<b>Name:</b>	<b>Date:</b>
<b>DOB:</b>	<b>Plan Start Date:</b>
<b>NDIS Number:</b>	<b>Plan Finish Date:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Mobile:</b>
<b>Contact Person (NOK):</b>	<b>Phone:</b>
<b>Alerts/Allergies:</b>	
<b>Medical History and Disability (Include GP Summary):</b>	
<b>Social/Home situation:</b>	
<b>Current services:</b>	
<b>Current functional/cognitive problems/ reason for referral: (Please list if for Therapeutic session only or you require a specific assessment completed)</b>	
Please complete	
<b>Urgency of referral:</b> <b>ASAP:</b> <input type="checkbox"/> <b>Non-urgent:</b> <input type="checkbox"/>	
<b>NDIS Assessment Item number:</b> Assessment, Recommendation, Therapy And/Or Training (incl. AT). To be delivered by a Psychologist - 15_054_0128_1_3	
<b>Hour allocated in NDIS Plan for Psychology:</b>	
<b>Support Coordinator completing referral organisation, contact number and email address:</b>	
<b>I consent for this referral to be sent and for relevant reports, history and information be shared with ELPE Health's Occupational Therapist;</b>	
<b>Participant or Participant's representative Name: (please print)</b>	
<b>Signature:</b>	<b>Date:</b> /      /