ROTANA CARE
NDIS Register Provider

# Referral Form

| | |
|---|---|
| **Referral Date:** | |
| **Name of Referrer:** | |
| **Referrer's Agency:** | |
| **Address:** | |
| **Phone:** | |
| **Email:** | |

| **Client Details** | | | |
|---|---|---|---|
| **Name:** | | | |
| **Address:** | | | |
| **Phone:** | | Email | |
| **Date of Birth:** | | | |
| **Gender:** | ☐ **Male** ☐ **Female** ☐ **Nonbinary** ☐ **Transgender** ☐ **Other** | | |
| **Marital Status:** | ☐ **Single** ☐ **Married** ☐ **Widowed** ☐ **Divorced** | | |

| **Referral Information** | |
|---|---|
| **Client Identifies as:** | ☐ **Aboriginal** ☐ **Torres Strait Islander** ☐ **CALD** ☐ **LGBTQIA+**<br>☐ **Other** |
| **Country of Birth:** | |
| **Language Spoken at Home:** | |
| **Does the client have a disability?** | ☐ **Yes** ☐ **No** |
| *Provide details if you answer 'Yes' above* | |
| **Provide NDIS number if you answer 'Yes' above:** | |

| General Information |
| --- |
| **Reason for referral** |
| |
| **Client Short-term and Long-term Goals** |
| |
| **Client's Required Supports** |
| |
| **Client's Preferred Support Worker Gender/Identity** |
| ☐ **Male** ☐ **Female** ☐ **non-binary** ☐ **Transgender** |
| **Client's Skills and Strengths** |
| |

| **Referrer's Name:** | |
| --- | --- |
| **Referrer's Signature:** | |
| **Date:** | |