

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

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www.psychologistnewcastle.com.au

51 Hudson Street
Hamilton NSW 2303



BEHAVIOUR SUPPORT CLIENT DETAILS

Title: Mr Mrs Ms Other Date of Birth:

Surname: Christian Name:

Gender: Male Female Other Mobile:

Email: Phone:

Address: Postcode:

Occupation: Work Phone:

When Does the NDIS plan start/end?

Start: End:

REFERRAL INFORMATION

Person making referral: Contact Number:

Email Address: Relationship to Referred Person:

Reason For Referral:

Is there a current BMP

National Disability Insurance Scheme No Date Commenced:

Date Ending:

IS THIS REFERRAL URGENT?

If Yes, Please Explain Why (Please tick those that may apply)

- Risk of injury to self or others
- Risks associated with home setting or current placement/accommodation facility
- Reduction in community access/daily programs/ recreational activities/education
- Risk to family, extended family, carers, support workers, others
- Currently has restrictive practice in use that does not have written procedures or a BIS plan

CURRENT REGULATED RESTRICTIVE PRACTICES IN PLACE

Type of restrictive Practices	Y / N	Describe the Practice	Is the restricted Practice in their current behaviour support plan	Date of last authorisation
Seclusion	<input type="checkbox"/>		<input type="checkbox"/>	

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Chemical Restraint	<input type="checkbox"/>		<input type="checkbox"/>	
Mechanic Restraint	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Restraint	<input type="checkbox"/>		<input type="checkbox"/>	
Environmental restraint	<input type="checkbox"/>		<input type="checkbox"/>	

WHAT OUTCOMES WOULD YOU LIKE TO SEE AS A RESULT OF ECM INVOLVEMENT?

- Emotional Regulation
- Improved Safety
- Access to Community
- Independence
- Socialisation

GENERAL COMMENTS:

Is there anything else we need to be aware of?

SIGNATURE OF PERSON COMPLETING FORM

Signature: Date:

Relationship to Client:

VERY IMPORTANT INFORMATION:

Please **PRINT** or **EMAIL** your completed document to: info@psychologistnewcastle.com.au

Please ensure you bring all reports to your initial consultation.

Unfortunately, we need to charge a cancellation fee if you do not attend an appointment, or if you need to cancel after 3pm on the day prior to scheduled appointment. We have a wait list; hence your appointment could be allocated to someone else if we have enough notice.



Lynette Bainbridge M.A.P.S. - Consultant Psychologist B.Sc. (Psych); B. Soc. Sc; Dip Ed; MSch Cns.
APS Registration No: PS 00 036 063; Medicare Provider No: 2808782T; APHRA Registration No: 0001 379 950

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