Pathways to Recovery

PTR Referral Form – Outreach (In-Home) Support Services

This form is designed to be completed by the person receiving NDIS support, or their parent/guardian/nominated person. It will help us learn more about you as a person; your personality; and ensure supports are suited to you as an individual.

Participant's Name				
Date of Birth				
Your Address				
Your Phone Number				
Carer/Guardian's Name(s) and Contact Details				
Cultural Background				
NDIS Plan Number		**Plan Start Date:**	**Plan End Date:**	
How is your NDIS plan managed?	❒ **Agency Managed** ❒ **Plan Manager** ❒ **Self-**			
Do any of the following services support you, or do you have any previous reports:	**Service**	**Name**	**Report Available**	**Tick if Current**
	❒ School		❒	❒
	❒ Psychology		❒	❒
	❒ OT		❒	❒
	❒ Speech Pathology		❒	❒
	❒ Behaviour Support Practitioner		❒	❒
	❒ Other		❒	❒
	Please provide a copy of any reports you may have to support the implementation of supports.			
Your Primary Diagnosis is				
Do you have any other disabilities/diagnosis/illnesses or allergies?				

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About you

Brief History	
How do would you describe yourself? What things do you enjoy?	
Can you tell us about your family situation and friends? (please include living arrangements)	
Are you in receipt of a DSP? If No, please describe your income source. Does anyone help you manage your money?	
Do you use drugs or alcohol?	
Is there anything specific you have noticed which upset you? (E.g. smells, feelings, large crowds, specific words, etc.)	
If you were to get really frustrated or upset, what things would we notice?	
If you got really upset or worried, is there anything that helps to calm you down?	

How would you describe your strengths? Do you have any dreams/goals for the future?

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Do you require male or female staff only:

❒ Males ❒ Females ❒ No Preference

Do you have a current Behaviour Support Plan?

❒ Yes ❒ No

If Yes, Please detail any Behaviours of Concern or Authorised Restrictive Practices:

What areas would you like us to work with you on as a priority?

Is there anything you would like us to know about yourself?

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Areas of Concern

To ensure the safety of all of the people we work with, we need to be aware of any areas of concern that you or others may have for you. We would like to assure you that any information disclosed is private and confidential and will only be used to ensure we are providing the right support for you.

Risks	Aggression or Violence			Suicide/Self Harm			Vulnerability/Neglect			Physical Health			Environmental		
	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
Have you had any concerns more than 6 mths ago?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
Have you had concerns less than 6 mths ago?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
Has anyone else expressed concerns in the last 6 mths?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒

Is there anything you would like us to know about any of your concerns?

You have the right not to answer any questions you would prefer not to, however this could impact the quality of supports you receive. If you have any concerns about completing this form please call Andrea Meldrum (Pathways To Recovery) on 08 8281 3626 to discuss your concerns.