



## For Evidence, Access and Coordination of Planning Assistance

<b>Potential NDIS Eligible Participant Full Name:</b>	
<b>Date of Birth:</b>	
<i>If required</i> <b>Parent, Legal Guardian or Representative:</b>	
<b>Identify as Aboriginal or Torres Strait Islander?</b>	
<b>Community Location:</b>	

<b>Current Address:</b>	
<b>Usual Address:</b> <i>If different from current address</i>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Clinic to be referred to:</b>	<input type="checkbox"/> BRAMS <input type="checkbox"/> DAHS <input type="checkbox"/> OVAHS <input type="checkbox"/> YYMS <input type="checkbox"/> KAMS
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### CONSENT TO EXCHANGE INFORMATION

Do you consent to the Referrer talking to the AMS clinic; giving them information about you and getting information about you from them in regards to the NDIS (Evidence, Access and Coordination of Planning Assistance)?

- Yes, I consent or
- No, I do not consent. I will provide the information myself

\_\_\_\_\_  
Potential NDIS Eligible Participant Signature  
Or if required, Parent, Legal Guardian or Representative Signature

\_\_\_\_\_  
Date:

### Struggles

Please tick the relevant substantially reduced functional capacity / impairment / struggles / difficulties

<input type="checkbox"/>	<b>Mobility / Motor Skills –</b> e.g. move & get around in your home/ community, getting in & out of bed/chair, requires aids or equipment such as wheelchair, crutches, walking stick, gofer, visually impaired stick etc.
<input type="checkbox"/>	<b>Communication –</b> e.g. talking, following conversations or directions, requires hearing aids or communication equipment
<input type="checkbox"/>	<b>Social Interaction –</b> e.g. join in with other people, make friends and be part of the community
<input type="checkbox"/>	<b>Learning –</b> e.g. understand things, concentrating, remembering
<input type="checkbox"/>	<b>Self-Care –</b> e.g. look after themselves, showering, getting dressed, eating, toileting
<input type="checkbox"/>	<b>Self-Management –</b> e.g. managing responsibilities, making decisions, shopping, cleaning, get a job

### Comments


<b>Referrer's Name:</b>	
<b>Referrer's Position:</b>	
<b>Referrer's Contact Details:</b>	