HEALTH & HARMONY
REHAB GROUP

0413 315 833
admin@healthandharmonyrehabgroup.com.au
healthandharmonyrehabgroup.com.au
123 Pitt Street, Sydney NSW 2000

Referral Form

ABOUT THE PERSON BEING REFERRED

Date			
First name			
Last name			
Preferred name			
Date of birth			
Gender identity	☐ Female ☐ Male ☐ Non-binary ☐ Other:	Pronouns	☐ She/Her ☐ He/Him ☐ They/Them ☐ Other:
Address		Phone numbers	
Email address			
Disability/diagnosis	Please provide any relevant supporting information/recent reports		
Guardian/NDIS Nominee details	Name/phone number/email		

ABOUT THE NDIS PLAN

NDIS number			
Plan start date		Plan end date	
Funding	☐ NDIS plan managed	☐ NDIS self-managed	☐ Private Funding
NDIS goals: please list or attach a copy			

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NDIS FUND MANAGEMENT

Fund Management Name	
Fund Management Contact Details	Name:
	Email:
	Phone:
	Contact Person:
Invoices to be sent to	

OTHER HELPFUL INFORMATION

Any known safety risks?	
Reason for the referral	Please tell us about the services you are seeking:

ABOUT THE PERSON COMPLETING THIS FORM

Name	
Relationship to person being referred	
Email address	
Phone number	