



Train your brain, change your life.

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Solstice-Mind Matters PTY Ltd Trustee
for the Solstice Discretionary Trust
ACN: 107 4 72720 ABN: 67 664 403 107
NDIS approved provider

NDIS CLIENT INFORMATION FORM

REFERRED BY:

NAME: _____ DATE: _____
EMAIL: _____
PHONE: _____ ORGANISATION: _____

CLIENT:

CLIENT NAME: _____ D.O.B.: _____
ADDRESS: _____
EMAIL: _____ PHONE: _____

PRIMARY CONTACT: (GUARDIAN)

NAME: _____ RELATIONSHIP: _____
EMAIL: _____ PHONE: _____

NDIS INFORMATION

NDIS NO.: _____ PLAN START: _____
SUPPORT COORDINATOR: _____ PLAN END: _____
ORGANISATION: _____

PLAN TYPE: SELF-MANAGED [] PLAN MANAGED [] NDIA MANAGED [] COMBINATION []

PLAN MGR NAME: _____ PHONE: _____

PLAN MGR EMAIL: _____

WE PLAN TO SCHEDULE AN EARLY REVIEW YES [] NO [] SIGNATURE OF SUPPORT COORINATOR:

NDIS GOALS (Please write or attach from NDIS plan):

SHORT TERM GOALS:

LONG TERM GOALS:

REFERRAL INFORMATION:

CURRENT ISSUES:

REASON FOR REFERRAL:

RELEVANT HISTORY:

ANY SPECIFIC REQUESTS FROM NDIA? i.e. Confirmation of diagnosis.

STAKEHOLDERS (Please include organisation, contact details and frequency of contact.):

SUPPORT WORKER/S:

OTHER:
Behaviour Support Practitioner

NOTES: