



Thank you for your inquiry. Please complete this referral form to help us understand your needs.

First Name: _____ Surname: _____

Date of Birth: _____ NDIS Number: _____

Email: _____ Contact number: _____

Address: _____

Start and End Date of Current Plan: _____

Support Coordinator/LAC contact details (if applicable): _____

Plan Manager contact details (if applicable): _____

Are you self-managed, plan-managed, or NDIS-managed?

Self-managed

Plan-managed

NDIS-managed (*Note: we cannot accept NDIS-managed participants*)

What is the disability/ disabilities through which you are accessing NDIS?

What is your main goal for accessing services through PsychLab?

What is the anticipated amount/frequency of sessions you wish to access through your plan?

Weekly

Fortnightly

Monthly

Other

Uncertain

Or a total of: 5 sessions 10 sessions 15 sessions 20 sessions

Which of the following services do you require?

Psychosocial support/ therapy

Caregiver strategies/ training

Assessment and recommendations

Other

If other: _____

Do you have any ongoing or imminent legal issues?

Please return to reception@psychlab.com.au and we will be in touch within two weeks to discuss whether we can support your needs.