GROW WELLBEING

NDIS and MEDICARE Provider

for better mental health

Check out our official website
www.growwellbeing.com

Helping children to be
the best they can be

admin@growwellbeing.com
08 8234 2562
121 North East Rd
Collinswood SA 5081

We support the ndis

GROW WELLBEING

in-school services

With a multidisciplinary team of experts offering:

- **Psychology**
- **Speech Pathology**
- **Therapy Assistant**
- **Occupational Therapy**
- **Psychotherapy**
- **Social Skills Groups**
- **Sensory Integration Therapy**

Grow Wellbeing can assist you and your child in the following areas and much more:

- **Behavioural/Mental Health Conditions**
- **Learning Difficulties**
- **Emotional regulation**
- **Developmental Conditions**
- **School attendance**
- **Sleeping difficulties**
- **Family Support**
- **ASD**
- **ADHD**
- **Friendship skills**
- **Anxiety**
- **Bullying**
- **Depression**

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Grow Wellbeing Pty Ltd
121 North East Road
Collinswood SA 5081
ABN: 21 626 180 096
Ph: (08) 8234 2562
Fax: (08) 8219 0049
admin@growwellbeing.com

GROW WELLBEING REFERRAL FORM FOR NDIS PARTICIPANTS

1. NDIS PARTICIPANT DETAILS

First Name:	Last Name:
Date of Birth:	Phone:
Gender:	Email:
Address:	
Contact Person: *(only if different to above)* Name: Phone: Relationship: Email:	
Support Coordinator details *(if applicable)* Name: Phone: Email:	
NDIS Plan Number: _____	NDIS Plan End Dates: Start Date _____ to End Date _____
School Name: *(if applicable)*	

2. What best describes the REASON for the REFERRAL

☐ Psychological Support	☐ Behavioural Support
☐ Group Therapy	☐ Mentoring
☐ Occupational Therapy Services	☐ Speech Pathologist Services

3. THERAPY

Has the participant received Therapeutic Support within the last 6 months? (Optional)
☐ Yes ☐ No
If Yes please describe or attach relevant reports when submitting this form. (Optional)

Does the participant have a behavioural support plan in place?	☐ Y ☐ N
Is the participant interested in Home visits during School Holidays or after school? *(if applicable)*	☐ Y ☐ N

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4. SERVICES AND PAYMENTS *Grow Wellbeing services fall within the NDIS Improved Daily Living budget*

What type of report is required? ☐ Short ☐ Detailed

Grow Wellbeing charges the standard NDIS rate of $193.99(OT, Psychotherapist, Speech Pathologist)/$234.83 (Psychologist) per hour for Area MMM1-5

How many hours of service are you requesting?

_____ hours service @ $193.99 / $234.83 per hour (from Improved Daily Living budget)

OR

☐ To be discussed with Grow Wellbeing

5. PAYMENT OF ACCOUNT / INVOICES

Who is responsible for paying the account / invoice? (please select one)

☐ NDIA Managed

☐ Plan Managed

☐ Self-Managed

If you selected Plan Managed or Self Managed, please complete the following details:

Name of person or Plan Manager responsible for the account:

Phone:

Email (*for invoices*):

7. TO COMPLETE THIS REFERRAL FORM

In order to process your referral efficiently, we will need a copy of your NDIS Plan or appropriate details as listed below:

- **NDIS Plan Number**
- **Plan dates**
- **NDIS Goals**

This information is important to assist the services we will provide to you.

Print name:

Sign: **Date:**

Please sign and date this referral. Our NDIS Coordinator will make contact with you regarding accessing our services.

Please return via email the completed form to: **ndis@growwellbeing.com**

Thank you for filling in this referral form, we look forward to working with you!