

Behaviour Support Referral

Return to intake@foundationalminds.com.au

Phone 02 5769 6005

Version 1.0

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Complete what you can. A partial referral is better than a delayed one, and we will follow up anything missing at intake. Where the form asks about behaviour, describe what it looks like rather than giving it a label. Send it with the current NDIS plan and any reports listed in Section 08. Once received, we acknowledge the referral, arrange a short intake call with the referrer or decision maker, and confirm we can accept it before any service agreement is sent.

01 Referral

Date of referral

Referral type

- ☐ New ☐ Re referral
☐ Transfer from another practitioner

Referrer name

Role and organisation

Phone

Email

Relationship to the participant

Has the participant or their decision maker agreed to this referral?

- ☐ Yes ☐ Not yet

What is being requested

- ☐ Behaviour support: assessment, plan, and implementation support
☐ Behaviour assessment report to evidence a plan reassessment, where behaviour support is not yet funded (complete Section 02)
☐ Unsure, please advise

Priority

- ☐ Standard ☐ Priority, tick the reason:
☐ current risk of serious harm ☐ restrictive practice in use without a current plan
☐ home, school, or service placement at risk ☐ NDIS Commission, guardian, or court requirement

02 Behaviour assessment report

Complete only if behaviour support is not yet funded in the plan. The report describes the behaviour, its functional impact, what has been tried, and why specialist behaviour support is the reasonable and necessary response, as evidence for a plan reassessment.

Purpose of the report

- ☐ Add behaviour support at the scheduled plan reassessment ☐ Change of circumstances request
☐ Other, specify

Plan reassessment or review date, if scheduled

Who is coordinating the reassessment (LAC, planner, or support coordinator), and contact

How the report will be funded

- ☐ Another budget in the plan, specify
☐ Private payment ☐ Unsure, please advise

Evidence about behaviour already provided to the NDIA (reports, incident data, letters)

03 The person

Full name

Date of birth

NDIS number

Plan management

- ☐ NDIA managed ☐ Plan managed
☐ Self managed

Home address

Aboriginal and/or Torres Strait Islander

- ☐ Yes ☐ No ☐ Prefer not to say

School, day program, or workplace

How the person communicates (speech, AAC, signs, behaviour) and how they like to be approached by someone new

Cultural, faith, or family considerations to respect before first contact

04 Decision making and contact

Who makes decisions with or for the person

- ☐ Participant ☐ Parent ☐ Guardian ☐ NDIS nominee ☐ Public Guardian or Trustee
☐ Other

Name

Phone

Formal orders in place (guardianship, parenting, child protection)

- ☐ Yes, attached ☐ No ☐ Unsure

Preferred session location

- ☐ Home ☐ School or day program
☐ Service site ☐ Telehealth

Access and safety notes for visits (pets, parking, who will be present, anything a visiting practitioner should know)

Preferred name

Gender and pronouns

Plan start and end dates

Plan manager, name and email

Living arrangement

- ☐ Family home ☐ SIL ☐ SDA
☐ Own home ☐ Other

Language spoken at home, and interpreter needed

- ☐ Yes ☐ No

Behaviour support funds in the plan

- ☐ Yes ☐ No ☐ Unsure

If yes, total and approximate remaining



05 Why now

What has prompted this referral now, and what would a good outcome look like for the person?

Behaviours of concern

Describe what you would see and hear. "Hits out with an open hand when a transition is announced without warning" tells us more than "aggressive".

What it looks like	How often, and how long	When and where it happens most	What helps, or has been tried

What is going well: strengths, interests, relationships, and what the person enjoys

06 Safety and restrictive practices

Current risk of harm to the person or to others

☐ Yes ☐ No

If yes, describe briefly: what happens, to whom, and how recently.

Restrictive practices currently in use

☐ Chemical ☐ Mechanical ☐ Physical ☐ Environmental ☐ Seclusion ☐ None known

Current behaviour support plan

☐ Yes ☐ No

Author and date:

Plan lodged with the NDIS Commission, and authorised under the state process

☐ Lodged ☐ Authorised ☐ Unsure

Other involvement in the last 12 months

☐ Police ☐ Child protection ☐ Mental health services ☐ Justice ☐ Hospital admission
☐ Reportable incident

07 Health

Diagnoses (formal, with diagnosing clinician and year where known)

Current medications, including any PRN used for behaviour

GP and practice

Psychiatrist or paediatrician



07 Health continued

Sensory, mobility, or medical needs that shape how we work (epilepsy, allergies, hearing, pain, sleep)

History we should know before first contact (trauma, loss, recent changes, previous behaviour support)

08 Team around the person, and attachments

Role	Name	Organisation	Phone or email
Support coordinator			
Plan manager			
Support provider or key worker			
School or day program contact			
Occupational therapist			
Speech pathologist			
Psychologist or counsellor			
Other			

Attached with this referral

- | | |
|--|---|
| ☐ Current NDIS plan | ☐ Previous behaviour support plan |
| ☐ Functional behaviour assessment | ☐ OT, speech, or psychology reports |
| ☐ Medical or psychiatric summary | ☐ Incident reports or data from the last 3 to 6 months |
| ☐ School reports or learning plan | ☐ Guardianship, parenting, or court orders |

09 Consent and declaration

I consent to this referral to Foundational Minds. I understand Foundational Minds will collect, use, and store personal and health information to assess and support the participant, and may share relevant information with the people and services listed in this form for that purpose only. Information is handled in line with the Privacy Act 1988 (Cth) and the NDIS Practice Standards. Consent can be withdrawn at any time by contacting intake@foundationalminds.com.au.

Participant or decision maker, full name	Signature	Date
Referrer, full name	Signature	Date

If consent could not be obtained before sending, note why here and we will seek it directly at intake

OFFICE USE ONLY

Date received

Received by

Triage

☐ Standard ☐ Priority

Intake call completed

Allocated practitioner

Outcome

☐ Accepted ☐ Waitlist☐ Redirected