

Initial Referral Form

Person being referred

First name:

Age:

Gender: Female Male Other

Cultural Diversity: Aboriginal & Torres Strait Islander Other (please specify)

Usual living arrangements (eg. Independent/Service Provider/Other):

Employment and/or day activities:

Who else is involved in the individuals support network (family, caregivers, therapists)?

Communication: Verbal Sign Language Assistive Technology Other (please specify)

Diagnosis:

Reason for referral:

Outcomes for Person

What would you like to see happen as a result of this Service Provision in Specialist Behaviour Support?

Referral Source

Next of kin/Guardian Coordinator of Supports Other

Referrer Contact name:

Position/relationship:

Organisation (if applicable):

Phone:

Email:

Service Required (tick all that apply)

Assessment Interim BSP Comprehensive BSP Restrictive Practice Authorisation Report

Funding Available:

Preferred Commencement date: / /

Person Insights

This information must be provided to ensure Pixe PBS can assess the service provision requirements of the person being referred.

Does the person have a current positive behaviour support plan, or has one been developed in the past 1-2 years?

Yes No Unknown

Does the person have behaviours of concern? Yes No Unknown

Please outline the behaviours:

Are restrictive measures used? Yes No Unknown

Does the person have a history of sexual abuse or sexual acting out? Yes No Unknown

Has the person experienced violence related adversity?

Yes No Unknown (eg. domestic violence, bullying)

Does the person pose a risk to themselves or other persons in the work, service or community environment?
(eg. suicide ideation, self-harming behaviour, aggression) Yes No Unknown

Does the person have substance abuse issues? Yes No Unknown

Decision-Maker Details

Self Informal EPOA Public Guardian Public Trustee

Logistical Details

Are there any specific scheduling considerations Pixe PBS should be aware of? Eg. Dogs at home

Yes No Unknown

Can you share any existing behaviour support plans or other allied health assessment/reports? Yes No

Any further information regarding the participant and their behaviour support needs:

Please complete this form and email to Lisa via: hello@pixe.com.au

Pixe PBS will make every effort to provide services for all referrals dependent on availability and resources.