



# New Client Referral

## CLIENT SUMMARY

REQUEST DATE  SITE  Coffs Harbour  Newcastle

SERVICE TYPE REQUESTED  CoS  Service Provision

### CLIENT DETAILS

Surname  Given names

DoB  Gender

Address

Email  Phone (M)  (H)

Preferred method of communication  Text  Email  Home  Mobile

### CARER DETAILS

Name  Relationship

Address

Email  Phone (M)  (H)

### EMERGENCY CONTACT

Name  Relationship

Address

Email  Phone (M)  (H)

### CLIENT BACKGROUND (DIAGNOSIS, RELEVANT HEALTH INFORMATION AND REPORTS)



IN HOME CARE • NDIS • AGED CARE • NURSING  
GARDENING • DOMESTIC ASSISTANCE

Coffs Harbour Office Unit 2, 84-90 Industrial Drive, Coffs Harbour NSW 2450 | subee@subee.com.au | 02 6651 3153

Newcastle Office G3, 69 Cowper St, Wallsend NSW 2287 | newcastle@subee.com.au | 02 4966 8399

[www.subee.com.au](http://www.subee.com.au)

ABN 87 100 735 395

Version 4 | 3/7/2024



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### HEALTH SPECIFIC MANAGEMENT PLANS/ALERTS

- |                                                            |                                     |                                                |
|------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Medication assistance/supervision | <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Behaviour support     |
| <input type="checkbox"/> Respiratory conditions/asthma     | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Autonomic dysreflexia |
| <input type="checkbox"/> Mental health diagnosis           | <input type="checkbox"/> Peg feeds  | <input type="checkbox"/> Sensory impairment    |
| <input type="checkbox"/> Allergies/Anaphylaxis             | <input type="checkbox"/> Falls Risk | <input type="checkbox"/> Wounds/Skin Care      |
| <input type="checkbox"/> Bowel/Catheter Care               | <input type="checkbox"/> MRSA/VRE   | <input type="checkbox"/> Other                 |

### SERVICE TYPE REQUIRED \*(please only mark boxes for services that are required)

- |                                              |                                                |                                                                                                |
|----------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Domestic assistance | <input type="checkbox"/> Complex Care          | <input type="checkbox"/> Personal Care                                                         |
| <input type="checkbox"/> Social Support      | <input type="checkbox"/> Medication assistance | <input type="checkbox"/> Supervised Access                                                     |
| <input type="checkbox"/> Registered Nursing  | <input type="checkbox"/> Respite Care          | <input type="checkbox"/> Transport                                                             |
| <input type="checkbox"/> Meal Prep           | <input type="checkbox"/> Case Management       | <input type="checkbox"/> Garden and Lawn maintenance<br>(available at Coffs Harbour site only) |
| <input type="checkbox"/> Welfare Checks      | <input type="checkbox"/> Community Access      |                                                                                                |

Workers Required

<input type="checkbox"/> Female Only	<input type="checkbox"/> Male Only	<input type="checkbox"/> Either
<input type="checkbox"/> 1 Person assist	<input type="checkbox"/> 2 persons assist	<input type="checkbox"/> RN

Equipment used/needed

<input type="checkbox"/> Lift/Hoist	<input type="checkbox"/> Stand-up lifter	<input type="checkbox"/> Wheelchair
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Transport

<input type="checkbox"/> Car	<input type="checkbox"/> Wheelchair accessible Bus
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### SERVICE TIMES REQUIRED

Preferred time/hrs  AM  PM Frequency:

Day Preference  Mon  Tues  Wed  Thur  Fri  Sat  Sun

Preferred Start Time 1.  2.  3.  Service Duration



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### FUNDING DETAILS

NDIS Number

NDIS Plan Dates

NDIS Goals provided  Yes  No - not received

Agency managed  
 Plan Managed  
 Self-managed

Support Coordinators Contact Details

Name

Organisation

Email

Phone

Plan Managers Contact Details

Name

Organisation

Email

Phone

### REFERRAL BY

Name

Organisation

Email

Phone

Address



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