



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)





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HEALTH SPECIFIC MANAGEMENT PLANS/ALERTS

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

SERVICE TYPE REQUIRED

*(please only mark boxes for services that are required)

- | | | |
|--|--|--|
| ☐ Domestic assistance | ☐ Complex Care | ☐ Personal Care |
| ☐ Social Support | ☐ Medication assistance | ☐ Supervised Access |
| ☐ Registered Nursing | ☐ Respite Care | ☐ Transport |
| ☐ Meal Prep | ☐ Case Management | ☐ Garden and Lawn maintenance
(available at Coffs Harbour site only) |
| ☐ Welfare Checks | ☐ Community Access | |

Workers Required

- | | | |
|--|---|---------------------------------|
| ☐ Female Only | ☐ Male Only | ☐ Either |
| ☐ 1 Person assist | ☐ 2 persons assist | ☐ RN |

Equipment used/needed

- | | | |
|-------------------------------------|--|-------------------------------------|
| ☐ Lift/Hoist | ☐ Stand-up lifter | ☐ Wheelchair |
|-------------------------------------|--|-------------------------------------|

Transport

- | | |
|------------------------------|--|
| ☐ Car | ☐ Wheelchair accessible Bus |
|------------------------------|--|

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



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 104 Sandgate Road, Birmingham Gardens NSW 2287 | newcastle@subee.com.au | 02 4966 8399

www.subee.com.au

ABN 87 100 735 395

Version 4 | 3/7/2024



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CLIENT SUMMARY

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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