**REFERRAL TO A LILLY PILLY GROUP PROGRAM**

**(if attending both groups you need to complete a separate referral form for each group)**

**GROUP NAME**:(please circle) **Emotional Regulation Based On DBT/Relaxation & Stress Management**

**REFERRAL DATE:**\_\_\_\_/\_\_\_/\_\_ **GROUP LOCATION:** (please circle) **Bondi Junction/Stanmore**

**DETAILS OF PERSON BEING REFERRED**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_/\_\_\_/\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF PERSON MAKING REFERRAL**:

Self-referral/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other please list relationship to person referred, or role, agency and contact details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR REFERRAL/HOPES ABOUT ATTENDING THE PROGRAM**

**OTHER RELEVANT INFORMATION**

**TYPE OF FUNDING/PAYMENT DETAILS**

**Please circle:** NDIS/WORKERS COMPENSATION/SELF-FUNDED

**For NDIS funding**

NDIS number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDIS plan start and end dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Coordinator\_\_\_\_\_\_\_\_\_\_\_ Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDIS Billing: To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For all other funding please list below all details required for billing**

(credit/debit card/expiry details if self-funded or claim number and case manager details if SIRA funded etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Contact Karen Duncan 0425381680** [**karen@lilypadcentre.com**](mailto:karen@lilypadcentre.com) **for more details. For more information about Lilly Pilly Counselling click here:**

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