

Please submit all referrals to [recoverycoaching@centacare.org.au](mailto:recoverycoaching@centacare.org.au).

Email or call Centacare's Psychosocial Recovery Coaching Team, 8215 6700, for any questions or enquiries.

### Referrer Information

Date:			
Name of referral source			
Organisation			
Contact details	Email		Phone
Nominee/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No - Name:		
How did you hear about us?			
Preferred method of contact?			
Conflict of Interest	Do you currently receive another Centacare service <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so confirmation obtained the referral has been made with full choice and control by the participant/plan nominee</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Participant details

Name of participant			DOB	
Address				
Contact details	Email		Phone	
Preferred method of contact?				
Emergency Contact	Name/Relationship			Phone
Cultural Identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other:			
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:			
NDIS Number				
NDIS Plan Dates				
Primary Disability	Details:			
Is the NDIS plan attached with the participant's permission?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional information				