



Connections WA

Are we compatible?

About this form

This form is for you, to tell us about what service/s you need, and your goals for therapy support to see if we are compatible. Please provide as much information as you can. Thank you, from the Connections WA team.

About the Client



Client Name		DOB	
Mobile		Email	
Address			

Any current diagnosis?	
Are you seeking a diagnosis?	
What services are you seeking?	Psychology, Occupational Therapy or Speech Therapy
What do you need us to help you with, what are the concerns or issues?	
Are there any current self-harm? If so, please detail.	
Are there any current suicidal ideation? If so, please detail.	
Who referred you?	

If this is for a young person...

<p>What school or educational institute do they attend?</p>		<p>Are there any plans in place? e.g. IEP/behaviour/risk?</p>	
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Have you accessed school support? (psychologist, counsellor, head teacher, other)

Referrers' contact details if applicable



<p>Your name</p>		<p>Email</p>	
<p>Address</p>		<p>Mobile</p>	
<p>Relationship to the client</p>		<p>Preferred form of contact</p>	

Who is funding your sessions?



<p>Private</p>		<p>Health Care Fund</p>	
<p>Mental Health Care Plan</p>		<p>NDIS (*you must be self-managed or plan-managed to access our services)</p>	
<p>Enhanced Primary Care Plan</p>		<p>Insurance</p>	

NDIS clients



NDIS number		Are you Planned or self-managed? *we are unable to service NDIA	
Plan start date		Plan end date	
Plan Manager details: (Name/Email/Mobile):			
Support Coordinator details: (Name/Email/Mobile):			



Thank you, for providing this information, please send to info@connections.wa.com.au

The Connections WA team.