



PLEASANT SENSE  
THERAPY

## Pleasant Sense Therapy - Referral Form

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### Service/s Requested

Please select one or more services you'd like to request for the participant

- Occupational Therapy
- Animal Assisted Therapy
- Nature Mentoring Program

### Participant Details

The participant is the person who will be participating in the sessions

First Name\*:  Last Name\*:

Date of Birth\*:

Gender \*:  Female  Male  Prefer not to say

Address\*:

State\*:  Post Code\*:

Participant Phone:  Participant Email:

Country of Birth:

Primary Language:  Interpreter Required?  Yes  No

Aboriginal or Torres Strait Islander?  Yes  No  Prefer not to say

Any allergies or dietary requirements?  Yes  No

Please list any allergies or dietary requirements here\*:

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Diagnosis/Disability (If applicable) \*:

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Funding\*:  Self-funded/private  NDIS funded (self-managed or plan managed)

Participant NDIS Number\*:

If NDIS funded, how is the Plan Managed? \*

Self-Managed  Plan Managed  Agency Managed

Additional needs, behavioural issues, challenges (e.g., anxiety, ADHD, phobias, coping mechanisms, event triggers etc.)

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Name of school (if attends):

### Primary Carer Details

Primary Carer is the parent or guardian with primary care responsibilities for the participant

First Name\*:  Last Name\*:

Relationship to the participant\*:   
*E.g., parent, guardian, support worker, carer, etc*

Phone (mobile preferred) \*:

Email Contact\*:

### If Plan-Managed or Self-Managed, please provide details:

Plan Manager Organisation Name:

Contact Person Name (if known):

Plan Manager Phone:

Plan Manager Email:

*This email is where invoices will be sent for payment.*

### Support Coordinator Details

Does the participant have a Support Coordinator\*?  Yes  No

Support Coordinator Name:

Support Coordinator Phone Number:

Support Coordinator Email address:

### Referrer Details

First Name\*:  Last Name\*:

Referrer relationship to the participant\*:

Referrer Phone\*:

Referrer Email\*:

### Reason for Referral

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**If applicable, please attach a copy of the Participant's NDIS Plan**

If you have any questions or difficulties completing this form, please call us on 0448 557 329 or 0439 181 409