



a life simply lived

PSYCHOLOGY

A Life Simply Lived Psychology - NDIS Client Required Information

It is a requirement that this information is filled out prior to therapy commencement. Our clinicians must be aware of this information to ensure they are best matching the therapeutic goals with what the client needs, and also to keep the administration process running smoothly.

Participant	Name:		NDIS Number:
	Date of Birth:		NDIS Plan Start Date: / /
	Phone:		NDIS Plan End Date: / /
	Email:		
Plan Nominee Details (if not/ different to participant)	Name:		NDIS Contact:
	Relationship:		
	Phone:		Phone:
	Email:		Email:
Support Coordinator Details (if applicable)	Name:		
	Company:		
	Phone:		
	Email:		
Plan Management	Please select:	Company:	
	Self-Managed	Plan Manager:	
	or	Email (invoices will be sent to):	
	Plan-Managed	Phone:	
Goals			



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Official Diagnosis/ Diagnoses					
Disabilities <i>(if unsure, please contact NDIS Support Coordinator)</i>	Primary: Secondary:				
Assessment Needed or Suspected Diagnosis Requiring Assessment <i>(if applicable)</i>					
Allocated Funding	Description	Item Reference Number	Item Cost (hourly)	Number of hours	Total Allocated Funding
	Provision to a participant of a support to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources, to help the participant work towards their personal goals and gain greater insight into their lives	15_043_0128_1_3	\$156.16		\$
	Please specify exactly what this allocated funding covers. Is the total allocated funding including or excluding the cost for assessment and report writing? Please only include remaining funding.				
Planned Review Date:	/ / <input type="checkbox"/> <i>Unplanned review</i> – please select if it is known this participant will have an unplanned review				
Report Due Date: <i>(if applicable/ known)</i>	/ /				