

## Client Details – New Referral

Referrer Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB/ Age: \_\_\_\_\_

Sex:            M            F            U

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Funding Source: NDIS - Plan/Self/NDIA Managed      EPC            DVA            Private

Plan Manager details: \_\_\_\_\_

Interpreter needed (language/sign): \_\_\_\_\_

Services required:      Occupational Therapy            Support Coordination

Reason for referral:

Functional Assessment            Equipment            Home modification

Paediatric            Physical disability            Mental Health            Behavioural issues

Lymphedema            Continence

Disability/ diagnosis/ concerns/ issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Goals for treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Service Providers involved currently/previously: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Discussed:

- Waiting list time frames.
- Fees, gap payments, cancellation fees if appropriate.
- Request Clients to bring any reports/ plan they have with them to their first appointment.