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| 1. **Referral details – Bedwetting Program**
 |
| **Service Requested** | **Bedwetting Program – Nursing Assessment & Care** [ ]   |
| **Referrer details**  | Parent / family [ ]  *Please write your details in section (2)* |
| Health Care Professional [ ]  Support Coordinator [ ]  Other [ ] Your name:  |
| Email: |
| Contact phone number: |
| **Appointment preference**  | Home Visit *(location dependent)* [ ]  Phone consult [ ]  Online - Zoom[ ]  Teams[ ]  Skype [ ]  Other:*Please note – the Bedwetting Program can be delivered by a combination of home visit + phone/online or just phone/online* |
| **Person to contact to set up appointment** | Parent / Family [ ]  Support Coordinator [ ]  Other [ ]   |
| 1. **Child & family details**
 |
| **Childs Name** |  |
| **Date of Birth** |  |
| **Address - Residential** |  |
| **Address - Postal** | As above [ ]  |
| **Medical Diagnosis** |  |
| **Parent(s) Name** |  |
| **Phone number - Parent**  | (Home) | (Mobile) |
| **Email Address - Parent** |  |
| **Communication Preference** | SMS [ ]  Phone call [ ]  Email [ ]   |
| **(2) Other Contacts – Family / NOK (if required)** |
| Name |  |
| Relationship |  NOK [ ]  Advocate / Guardian [ ]  Other: |
| Phone number |  |
| Email Address |  |
| 1. **NDIS Participants (complete if applicable)**
 |
| **NDIS Plan details for the****Service Agreement***Estimated duration:* ***10hrs*** *plus travel (if req’d), includes assessment, nursing care, reporting and recommendations.*  | NDIS Reference Number |  |
| NDIA Managed – n/a (currently not available) | Self Managed [ ]   | Plan Managed [ ]   |
| Plan Manager Company |  |
| Plan Dates | Start:  | End: |
| Email to send invoices to: (if known): |
| We invoice under “Disability Related Health Supports – Nursing Supports”Preference – use **Core Funding** [ ]  or **Capacity Building** [ ]   |
| **Person to send the Service Agreement to:** | Parent / Family [ ]  Support Coordinator [ ]  Advocate / Guardian [ ]  Other [ ]  Email (if not already included above): |
| 1. **Non-NDIS / Other / Private fee paying client** [ ]
 |
| *Purchase of the bedwetting program can be arranged via our website shop* [www.chaptersofcare.com.au](http://www.chaptersofcare.com.au) *or via mobile card reader payments. Split payment options are available. Thank you.* |

Thank you for your referral – please complete & email back to nurse@chaptersofcare.com.au

We aim to reply within 1-2 business days to acknowledge the referral and commence the booking.