

# NDIS 'Request for Services' form

Hatch Dietetics is able to provide services to NDIS participants who have relevant self-managed budget categories in their plan. If your funding is NDIA-managed (agency-managed) or plan-managed, Hatch Dietetics is not able to provide services to you. Our sincere apologies.

<b>Date</b>	
<b>About the participant</b>	
<b>Participant name</b>	
<b>Please tell us why you would like to work with a Dietitian at Hatch Dietetics?</b> <i>Information that can be helpful can include: Your goals, your interests, how you best communicate, any challenges that you experience, any medical or other diagnoses</i>	
<b>Participant date of birth</b>	
<b>Participant gender</b>	
<b>Participant email</b>	
<b>Participant phone number</b>	
<b>Participant home address</b>	
<b>NDIS reference number</b>	
<b>NDIS plan start date</b>	
<b>NDIS plan end date</b>	
<b>Guardian contact details (if applicable)</b> <i>Please include name, email and phone number</i>	
<b>Your preferred times for appointments</b> Our current working hours are: <ul style="list-style-type: none"> <li>• Mondays 7:30am-5pm AEST</li> <li>• Wednesdays 10:00am-2:30pm AEST</li> <li>• Thursdays 9:30am-2:30pm AEST</li> </ul>	
<b>Are there any custody or guardianship arrangements in place?</b> <i>If yes, please provide a copy of your arrangements and help us to understand how communication with all parties should occur, who appointments should occur with and who is responsible for directing NDIS funds</i>	<input type="checkbox"/> Yes. Please provide a copy of your arrangements  <input type="checkbox"/> No



## Referral and contact information

Who should we contact to arrange or discuss services?

- Me/the participant
- Caregiver (e.g. parent, guardian) - details listed above
- Someone else. If so, please list contact details in the box below

## Service delivery consent

Do you consent to receive a service that is delivered to you online via telehealth?

*Note, home visits may be offered in the Margate/Kingston (TAS) area where available and necessary to support you to meet your goals*

- Yes
- No/maybe. I would like to discuss home/community visits

## Additional information about your referral

Please provide any additional information that you feel that we should know to help us to work together

Please save this form and then email it as an attachment to [info@hatchdietetics.com.au](mailto:info@hatchdietetics.com.au).

We will contact you via phone or email to discuss your request for service as soon as we can.

If you are experiencing any difficulties with completing this form or would like any assistance with completing the form, please email [info@hatchdietetics.com.au](mailto:info@hatchdietetics.com.au). We will get in touch with you to offer our support.