

Referral Form

Please complete this form and attach it to the online referral via the website (<u>Diverge OT</u>) or via email if that's easier for you (<u>sarah@divergeot.com.au</u>). Once we have received it, we will triage the referral and get in contact with you as soon as we can to discuss next steps!

	Referrer Details
Name:	
Relationship to client:	
Contact:	
Date of referral:	
Has the	
client/carer	
consented to	
this referral	
being made?	

Client Details	
Name:	
Age:	
Date of birth:	
Address:	
Contact:	
Gender:	
Preferred	
Pronouns:	
Aboriginal/Torres	
Strait Islander:	



NDIS Plan Details	
NDIS number:	
Plan dates:	
NDIS Goals (list):	
How is the	
client's NDIS	
plan managed?	
Does the client	
have a support	
coordinator?	
Please include	
name and	
contact details.	
Please attach NDI	S plan and any relevant documents to the online referral.

	Services	IMPORTANT NOTES:
OT Services Required:		We currently only offer Functional Capacity Assessments/FCAs; however, please let us know of any other OT services you may require, to see if we can assist now or in the future or refer you on to another service if needed.
Preferred assessment method:		We offer in-person assessments in your home or in another suitable location, as well as telehealth assessments if required and appropriate to do so.
Preferred assessment time:		The assessment will take 1-2 hours, please let us know when would work best for you – e.g., preferred day of the week and time of day.



Diagnoses		
Primary Disability/Diagnosis:		
, 0		
Any other relevant		
diagnoses (list):		
Please attach any rele	vant do	ocuments to the online referral.
		Functional Capacity Questions
What are the client's		
strengths and inter	rests?	
What are the client's		
challenges?		
The more information	we hav	upervision, etc.). Under each section, we have included some examples to prompt you. We to triage the referral, the better; however, we will assess these ng the assessment so don't worry if you aren't able to answer everything!
Personal cares:		
- Toileting		
DressingGrooming		
- Hygiene		
- Showering		
- Bathing		
- Eating		
Productivity:		
- School		
WorkUniversity		
- Volunteering		
Self-management:		
- Home mainter	nance	
- Shopping		
- Meal preparati	ion	
- Cleaning		



- Gardening	
- Transport	
- Attending	
appointments	
Leisure/hobbies	
- What does the	
client enjoy doing	
for leisure?	
- Any challenges?	
Interpersonal	
relationships	
- Friends	
- Family	
- Community	
engagement	
Communication	
- How does the client	
communicate?	
- Any challenges with	
communication?	
Cognitive	
- Memory	
- Learning	
- Attention	
- Any difficulties with	
school/college/uni?	
Physical	
- How does the client	
mobilise? (i.e.,	
walk, wheelchair,	
mobility aids,	
assistance	
required)	
 Any difficulties with 	
transfers (getting in	
and out of bed or	
chairs, on and off	
the toilet)	
- Gross motor skills	
- Fine motor skills	



	Additional Information
Is there	
anything else	
that you think	
we should	
know about	
this	
client/referral?	

Thank you for completing this referral! We will use the information you have provided to triage the referral and get back to you soon.