

NDIS Client Intake Form

Client Details:

Full name:

Date of Birth:

Primary contact number:

Secondary contact:

Address:

Email:

Preferred language:

Interpreter required: ☐yes ☐no

Next of Kin

Full name:

Relation:

Phone number:

Address:

Primary contact should be made with:

☐client

☐next of kin

☐organisation contact – name/role:

Primary Disability and any additional relevant medical/social history:

Referral Goals:

Please attach NDIS Plan to referral if available

Occupational Therapy Services Required:

☐Functional Capacity Assessment

☐Assistive Technology

☐Home Modifications

☐Home and Living Assessment

☐Capacity building, details:

Funding:

NDIS Plan Number:

NDIS Plan dates Start: Finish:

Hours available for Occupational Therapy Services:

Billing:

Occupational Therapy Fees

Occupational Therapy Services are categorised as Improved Daily Living.

We charge the standard NDIS Occupational Therapy Rate of \$193.99 (Areas MMM1-5).

Maximum travel charges

Areas MMM 1-3: 60 minutes return MMM 4-5: 120 minutes return

Travel is charged at the above rate from Warragul, Victoria.

NDIS Plan Management:

☐ Plan Managed ☐ Self Managed

Please note we are currently unable to provide services to clients who are Agency Managed.

Invoice to be sent to

Primary contact: Organisation if applicable:

Phone: Email:

Any additional information:

I confirm that all information in this referral is true.

Signature:

Name:

Relationship to client:

Date:

Please return form to: admin@inspiringindependence.com.au

Thank you for your referral, we will be in contact shortly!