

Referral for Assessment

Your details

Name

Organisation

Client details

Name

Address

Date of Birth

Contact name / Client Representative

Phone

Email

NDIS Reference / Claim / Client number

Medical Information

Medical condition / illness / disability

Medical / Allied Health Practitioners

Name

Phone

Name

Phone

Name

Phone

Name

Phone

Reason for Referral

Initial Needs Assessment / Psychosocial Assessment

Social Work

Counselling

Case Coordination / Management

Other (Please specify)

Relevant information

Please outline reason for referral and other information that the Practitioner may need to know before completing the assessment or intervention.

Funding and Service Fee Information

Please provide the details of the person / agency who is responsible for payment of services provided.

NDIS Plan Managed NDIA Managed Self-Managed

Medicare (Please include Medicare plan / referral)

Aged Care

Insurance

Self-Referred

Other (Please provide details)

Service Preferences

Please provide details of preferred method of service delivery below.

Face to Face Telehealth

Approved Hours

Please indicate the hours approved for the initial assessment / intervention.

Social Work

Counselling

Provider Travel

Provider Report

Please email completed referral with relevant documentation to Innovative-Social@outlook.com

What happens next?

After Innovative Social has received the completed referral and is allocated to a Practitioner, we will make contact to develop a service agreement or discuss intervention.

For NDIS clients, a Service Agreement will need to be approved and signed before any services can commence. Innovative Social will work with the NDIS participant and their decision maker to ensure the agreement meets their needs.