Referral Form:

Client Details:

Surname: _____

Given Name: _____ Date of Birth: ___ /___ /_____

Contact No: _____ Gender (circle): Male Female

Contact Email: _____

Address: _____

Emergency Contact: Name: _____ Phone: _____

Consent provided for the referral and all relevant information (circle): Yes No

Referral Type (Check Box):

❏ National Disability Insurance Scheme (NDIS)

Please circle: Agency Managed / Plan Managed / Self Managed

Please provide applicable relevant information:

Client NDIS number: _____

NDIS Plan Dates: _____

NDIS Contact (LAC) Details: _____

Support Coordinator details: _____

Plan Management details: _____

❏ Return to Work SA ❏ Lifetime Support Authority (LSA) ❏ DVA

❏ Medicare ❏ Private Health ❏ Other: ____

Reason for referral: *(please identify relevant criteria)*

❏ Exercise Physiology Consultation

❏ Fitness & Endurance Program

❏ Wheelchair Skills Assessment & Training

❏ Physiotherapy

❏ Hydrotherapy (Underwater Treadmill)

❏ Strength & Conditioning Program

❏ Post Hospital Rehabilitation

❏ Home Consultation

❏ Dietetics

If you are unsure of the referral type, please email admin@enablefitnesscentre.com.au or contact 8261 7537 to discuss eligibility.

Presenting Condition:

❏ Spinal Cord Injury (SCI) ❏ Stroke ❏ Acquired Brain Injury (ABI)

❏ Parkinson's Disease ❏ Amputee ❏ Motor Neuron Disease (MND)

❏ Multiple Sclerosis (MS) ❏ Autism ❏ Cerebral Palsy (CP)

❏ Vision/Hearing Impairment

❏ Other Physical or Intellectual Condition: _____

Additional Comments:

Forms required prior to assessment:

❏ Medical Summary (E.g. Hospital discharge summary or GP health summary)

❏ Medications List and/or blood results

❏ NDIS Plan details (Client number, plan start & finish dates & goals)

❏ LSA Service Order

❏ Other (EPC, DVA Referral, RTWSA, LSA) _____

GP Name _____ Practice _____

Referrer Information:

Signature: _____ Date: ___/___/_____

Name: _____ Phone: _____

Email Address: _____

Profession: _____