

# Referral Information



PRIME REHAB

NEUROLOGICAL PHYSIOTHERAPY

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## Client Details

Date

**Name:**

**Date of birth:**

**Address:**

**Phone:**

**Email:**

**Gender Identity/Pronouns (optional):**

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## Client Diagnoses

## Reason For Referral

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## NDIS details

**Participant Number:**

**NDIS plan dates:**

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## Referrer Details

**Name:**

**Phone:**

**Email:**

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## Payment Management

Self Managed

Plan Managed

NDIA Managed

Nominee Managed

**Plan Manager Details (if applicable):**

Please email the completed form to [luke@primerehab.com.au](mailto:luke@primerehab.com.au)