

ALLIED HEALTH REFERRAL FORM FOR NDIS PARTICIPANTS

All sections of the referral form must be completed.

This referral is for:

- Occupational Therapy
- Speech Therapy

1. Participant Details

| | | | |
|---|--|----------------------------|---------------------------------|
| Participant Name: | | | |
| Date of Birth: | | Gender: | Male, female, non-binary, trans |
| Phone: | | | |
| Email: | | | |
| Address: | | | |
| Country of Birth: | | | |
| Indigenous / Ethnicity | <input type="checkbox"/> Aboriginal, Torres Strait Islander <input type="checkbox"/> Not of indigenous origin <input type="checkbox"/> Other ethnicity (specify) _____ | | |
| NDIS Number: | | | |
| NDIS Plan Start Date: | | NDIS Plan End Date: | |
| NDIS Copy Attached | <input type="checkbox"/> Yes (If yes, please attach) <input type="checkbox"/> No | | |
| Behaviour Support Plan: | <input type="checkbox"/> Yes (If yes, please attach) <input type="checkbox"/> No | | |
| Living Arrangements: | <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> Other (please specify) | | |
| Who is the primary Contact? <input type="checkbox"/> NOK <input type="checkbox"/> Carer <input type="checkbox"/> Guardian | Name: | | |
| | Phone: | | |
| | Relationship: | | |
| | Other information: | | |

2. Participant Features

| | |
|---|---|
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Adult |
| CURRENT LEARNING ENVIRONMENT | |
| | Please provide Name of institution and contact details |
| <input type="checkbox"/> Higher Education Institution | |
| <input type="checkbox"/> School | |
| <input type="checkbox"/> Kinder | |
| <input type="checkbox"/> Childcare Service | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Currently not attending | |

3. Referral Details

| | |
|--|----------------------|
| Name: | Organisation: |
| Phone: | Email: |
| Role: (please tick) <input type="checkbox"/> Support coordinator <input type="checkbox"/> Professional <input type="checkbox"/> Family member | |
| Other: (please specify) _____ | |

4. Diagnosis / Presenting Issues

**Please attach any relevant reports*

Diagnosis:

(Please specify Disability / Medical/ Mental Health and other presenting issues)

Goal/s of the Allied Health therapy intervention?

Risks for the participant in transitioning to WeSupportU?

5. Funding Available for Allied Health

Please outline the funding available for the following components of the intervention. Please note the total funding allocated will need to include hours for report writing for assessment and review of plan or closure report. If unsure about the funding available, please ensure this is discussed with the Support Coordinator or LAC.

Service Required:

Occupational Therapy

Occupational therapy works with people to help them to be better able to participate in everyday life, by helping people to enhance their own abilities, and by modifying the external environment. Occupational Therapy assists with:

- development of skills for self care and independence,
- skills for play and socialisation,
- attention and concentration,
- sensory processes, and
- motor skill development, coordination and planning
- recommendations for Assistive Technology (equipment or devices) to support safety and independence.

These tasks are funded under Capacity Building- Improved Daily Living (15_) at a current charge rate of **\$193.99 per hour**.

The kms and time: Please note if sessions are in home/at school or in the community then: Travel each way will incur additional charges per kilometre and time allowance from the plan at the pricing detailed in the current NDIS pricing arrangements & price limits guide.

Funding available for **Occupational Therapy**: _____

Preferred days: (please tick)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Preferred Time: _____

Service Required:

Speech Therapy

Speech Therapy responds to communication difficulties and provides services and therapy to optimise quality of life. Speech Therapy supports:

- speech sound development
- social communication and play
- augmentative and alternative communication (AAC).
- expressing language development (ability to use language)
- receptive language development (understanding language)
- literacy skills (reading and writing)

These tasks are funded under Capacity Building- Improved Daily Living (15_) at a current charge rate of **\$193.99 per hour**.

The kms and time: *Please note if sessions are in home/at school or in the community then: Travel each way will incur additional charges per kilometre and time allowance from the plan at the pricing detailed in the current NDIS pricing arrangements & price limits guide.*

Funding available for Speech Therapy: _____

Preferred days: (please tick)

- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Friday**

Preferred Time: _____

6. Home Visit Screening Questions (for the safety of our staff, it is mandatory this section is completed in full)

| | |
|---|---|
| <p>Is anyone at the client's property known to be aggressive or violent?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are you aware of there being firearms at the property? If yes, are they locked away securely?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are you aware of any occupant having an infectious disease (i.e. Chicken pox/Shingles/Gastro, etc.)?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are you aware of any risks related to pets or animals on the premises?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Does anyone in the house smoke? If yes, are they happy to refrain from smoking while the therapist's visits?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Is the house easy to find/is parking available? If NO, please provide suggestions on where best to park:</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are there any other factors we should be aware of visiting this client at home on our own? If YES, please describe:</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

7. Other Services Involved

| Service Name | Service Name | Contact Details |
|-------------------------------|---------------------|------------------------|
| Paediatrician | | |
| GP | | |
| Psychologist | | |
| Occupational Therapist | | |
| Speech Pathologist | | |
| Support Coordinator | | |
| Mental Health Service | | |
| Orange Door | | |
| DFFH | | |
| Drug & Alcohol | | |
| Other | | |

8. Inclusive Service Needs

WeSupportU is an inclusive provider. We welcome referrals from all participants so please let us know if there are any considerations relating to culture, religion, values, beliefs and sexual expression that we can accommodate:

9. Payment of Account

Who is responsible for paying the account? *(please tick)*

NDIS portal and

I authorise for WeSupportU to create a Service Booking for the hours nominated above.

Plan Manager *(if plan managed, please complete details below)*

Name of Plan Management Organisation: _____

Email for invoices: _____

Phone: _____

Self-managed *(if self-managed please complete details below)*

Name of person responsible for the account: _____

Email for invoices: _____

Phone: _____

10. Additional Information (if applicable):

11. Signature

Person completing this form:

Please insert your name below as your electronic signature or sign this document to authorise for OT/Speech therapy services to commence based on the information provided in this form:

Print name/sign: _____

Date: _____

Please note that the information provided above will assist WeSupportU to assess whether we are the appropriate agency to best meet the participants/ your needs. It does not guarantee automatic services provision.

It is WeSupportU policy that a signed Service Agreement is in place for all NDIS participants prior to commencement of service delivery. If the participant and WeSupportU staff agree to work together, a Service Agreement will be sent via email using PandaDoc document signing or will be bought for an in person signing during a first visit.

If a Service Agreement is subsequently received and the agreed role or cost of services differs to the above, our records will be updated to reflect the changes in the signed Service Agreement.

Please return completed form to: intake@wesupportu.com.au