

NDIS Referral Form

Payment

Therapy services fall within the NDIS improved daily living budget or improved relationships budget where applicable.

Billing

- Plan Manager
- Self Managed
- Agency Managed

If Plan Managed or Self Managed, please provide details

Name of Organization: _____

First Name: _____ Last Name: _____

Contact No: _____ Email: _____

Safety (In order to proceed with your referral all questions must be answered).

	Yes/ No	Details
Is anyone at your/ the client's property, known to be aggressive or violent?		
Does anyone at your/ the clients property have a criminal history?		
Does the client have a positive behavioral support plan in place?		
Is there a history of drugs and/or alcohol misuse at the property?		
Are you aware of any firearms being stored at the property?		
Are you aware of any occupant having an infectious disease? (i.e. Chicken pox/ Covid-19/ Gastro, etc)		
Do you have any pets at your premise?		
Are there any other factors we should be aware of?		

To complete this referral form (Name and Sign)

Please sign and date this referral so that we can allocate your referral to a suitable Therapist. Please return via email the completed form to: admin@assuredcare.com.au

Name:

Signature:

Date:

Referral Reason

Functional Assessment

10 Hours (suggested hours)

- Occupational Therapy
- Speech Pathology
- With Sensory Profile Assessment

Assistive Technology (Equipment)

10 Hours (suggested hours)

- Occupational Therapy
- Speech Pathology
- Physiotherapy
- Children/ Pediatric Services

Home Modifications

20 Hours (suggested hours)

- OT Assessment

Assured Care - Referral Form

Pre-Planning/ Plan Review Assessment

6 Hours (suggested hours)

- Occupational Therapy
- Speech Pathology
- Physiotherapy
- Children/ Pediatric Services

Therapy Services

5 to 30 Hours (suggested hours)

- Occupational Therapy
- Speech Pathology
- Physiotherapy
- Children/ Pediatric Services

Please specify number of hours: _____

Housing Assessments

20 Hours (suggested hours)

- Home Assessment

Comment: _____

Behavior Support

- Adult
- Pediatric

Preferred Delivery Mode

- In person
- Telehealth
- In clinic *not available in all locations

Desired Outcome:

Services

National OT charges the standard NDIS rate of \$193.99* per hour.

How many hours of service are you requesting for therapy (including travel and reporting)?

Occupational Therapy Hours: _____

(At 193.99 per hour from improved daily living budget or above)

Physiotherapy Hours: _____

(At 193.99 per hour from improved daily living budget or above)

Speech Pathology Hours: _____

(At 193.99 per hour from improved daily living budget or above)

Behavior Support Hours: _____

(At 193.99 per hour from improved daily living budget or above)

Total Hours: _____

OR

Entire Improved Daily Living or Improved Relationships Budget (Total Budget: _____)

Assured Care - Referral Form

NDIS Referral Form

NDIS Participant Details

First Name: _____ Last Name: _____

Date of Birth: _____ Phone No: _____

Gender: Female/ Male/ Prefer not to say/ Non-Binary

Email ID: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Living Arrangement: Alone/ Family-Partner/ Supported Accommodation/ Other

Alternative Contact (in case the NDIS participant or support co-coordinator is unreachable)

Name: _____ Phone No: _____

Relationship: _____

Email: _____

NDIS Plan Number: _____

NDIS Plan Dates: Start Date _____ End Date _____

Preferred Language: _____

Translator/ interpreter or communication aids required? _____

Details: _____

Referrer Details

Please select this box if you are referring yourself:

Name of the organisation: _____

First Name: _____ Last Name: _____

Phone: _____ Postcode: _____

Email: _____

Job Title: Support Coordinator/ Case Manager/ Local Area Coordinator/ Family Member/ Other

Primary Disability/ Health Background

Please provide the primary physical disability or psychological disability (eg: Intellectual Disability, Cerebral Palsy, and Multiple Sclerosis)

Please Advice:
