



NDIS PARTICIPANT REFERRAL FORM

Thank you for your referral to Community Occupational Therapy. To ensure we provide the best service and most appropriate Occupational Therapist to meet your needs please complete the following form in as much detail as possible. If you would also like to attach a copy of your plan it will further help us process your request.

Participant Details		
Name:	DOB:	Phone:
Address:		Email:
NOK contact details and relationship:		Gender:
Primary Diagnosis/ Disability and Reason for Occupational Therapy Referral:		

NDIS Plan Details	
NDIS Participant Number:	
NDIS Plan Start Date:	NDIS Plan End Date:

Referrer Details <small>(Please tick your role)</small>					
Name:				Phone:	
Organisation and Address (if relevant):				Email:	
Self	Family	Case Manager	Support Co-ordinator	Local Area Co-ordinator	Other



Reason for Referral (please tick)		
Home Modifications	Assistive Technology	Functional Assessment
Housing Assessment	Sensory Profile Assessment	OT Therapy Services
Driving Assessment	Other:	

OT Home Visit Risk Assessment	
(Please complete accurately to ensure safety of our therapists entering the home of the participant)	
1. Living situation (eg. alone, family, supported accommodation)	
2. Does the participant live in an isolated area?	
3. Is there mobile phone coverage?	
4. Are pets present? (Pets to be restrained at time of assessment)	
5. Does anyone at the property have a history of being aggressive/ violent?	
6. Does anyone at the property have a history of alcohol or illicit drug dependence?	
7. Are there firearms in the home?	
8. Does anyone at the property have an infectious disease?	
9. Are there any other factors relating to the safety of our therapists entering the property?	

Payments			
(Community OT charge NDIS standard hourly rate \$193.99)			
How many hours do you require approximately? (Billed under Improved Daily Living)			
Who is responsible for payment: (please tick)	NDIS	Plan Manager	Self
	Details for billing (if plan managed):		
	Details for billing (if self managed):		

Any other information you think we should know?

Please return this form ASAP to Lucy via email admin@communityot.com.au or fax 9388 9793 so we can arrange for your Occupational Therapist to attend your home.