

## 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.

The referral will not be added onto our waitlist until this form is returned and completed in full.

Participant Details		
Name:	DOB:	Phone:
Address:		Email:
NOK contact details and relationship		Gender:
Primary Diagnosis/ Disability and Reason for Occupational Therapy Referral:		
Preferred Day/Time for Appointments (please note: We will try to accommodate this, however we cannot always guarantee this)		
Licence Details (Please provide learners permit/licence number and any driving information if this is a driving referral):		

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

Please include GOAL section of your NDIS plan (Goals can be cut and copied into e-mail or onto bottom of referral form). This is now required, as we must provide OT input based solely upon your goals.

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

Reason for Referral (please highlight)		
Home Modifications	Assistive Technology	Functional Assessment
Housing Assessment	Driving Assessment	OT Therapy Services
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:	NDIS	Plan Manager	Self
	Details for billing (if plan managed):		
	Details for billing (if self managed):		
Pace Plan Budget Allocations	Details for budget allocations for OT each month/3 monthly including DATES (Please provide details, as we may have to spread out the assessment/input pending plan budgets):		

Any other information you think we should know?

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