

NDIS Allied Health Referral Form



Click here for the **Group Based Training Referral Form** Click here for the **In-Home Allied Health Referral Form**

136 033 ndisbookings@plenahealthcare.com.au **Date of referral:** _____

Participant Details *Required to process referral

Name: _____ **Date of Birth:** _____
Phone Number: _____ **Gender:**
 Female Male Transgender/ Non Binary/ Gender Diverse
 Prefer not to answer
Email Address: _____
Consumer Address: Home Facility

Preferred Booking Contact:
 Phone Email Contact via NOK Contact via Case Manager

Next Of Kin Contact Details / Alternative Contact Person *Required to process referral

Name: _____ **Relationship:** _____
Phone Number: _____ **Alternative Number:** _____
Email Address: _____

Referring Person / Company Details *Required to process referral

Name: _____ **Email Address:** _____
Company: _____ **Postal Address:** _____
Phone Number: _____

Payment Type + Invoicing *Required to process referral

NDIS Provider Service Provider Other (please specify): _____
Provider Name: _____ **Invoice Contact Name:** _____
Coordinator's Name: _____ **Email Address for Invoices:** _____

Preferred Appointment Type *Required to process referral

Location: Face to face Telehealth No preference **Preferred Language:** _____
Therapist Gender: Female Male No preference **Is an interpreter required?** Yes No

Regular Unavailability (please provide days and times) Appointments, Care Workers, Etc.

NDIS Participants Information *Required to process referral

Agency Managed Plan Managed Self-Managed

Participant ID:

Plan Start Date:

Plan End Date:

Plan Manager Name:

Plan Manager Contact Details:

Funding Area:

Support Carer / Worker Name:
(If applicable)

Support Carer / Worker Contact Details: (If applicable)

Support Carer / Worker Working Hours: (If applicable)

Goals:

Occupational Therapy

- Functional Capacity Assessment (FCA)
- Manual Handling Review

Podiatry

- General Foot Care
- Ingrown nails
- Corns
- Callus or Pressure Area

Speech Pathology

- Swallowing Assessment
- Dysphagia Support
- Communications Supports
- Mealtime Menu Review
- Voice Therapy

Dietetics

- Dietary Assessment
- Nutritional Support (Oral Supplements / PEG Feeding)
- Meal Planning
- Weight Management

Other Relevant Information

All referrals to be sent directly to ndisbookings@plenahealthcare.com.au for triage and processing.

Call **136 033** for assistance.