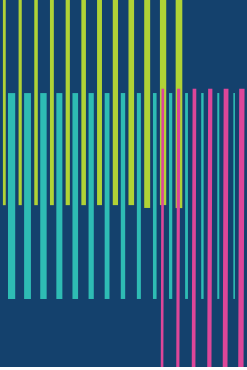


# In-Home Allied Health Referral Form



136 033   community@plenahealthcare.com.au   **Date of referral:** \_\_\_\_\_

## Consumer Details

**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 Care Partner

## Next Of Kin Contact Details / Alternative Contact Person

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

## Referrer Details

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Email Address for invoices:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Funding Type:**  
 Support at Home - Level: \_\_\_\_\_    Restorative Care    Private    CHSP    Medicare CDM/EPC


Other (please specify): \_\_\_\_\_

## Preferred Appointment Type

**Location:**    Face to face    Telehealth    No preference   **Preferred Language:** \_\_\_\_\_

**Therapist Gender:**    Female    Male    No preference   **Is an interpreter required?**    Yes    No

Occupational Therapy

 Click here to view our brochure

**Package options:**

- Home and Environment Safety Check (2 hours total)
- Base Equipment Package (5 hours total)
- Base Home Modification Package (5 hours total)
- Complex Equipment Package (6 hours total)
- All In One Equipment & Home Modification Package (7 hours total)
- Powered Mobility Device Prescription Package (8 hours total)
- Ramp Home Modification Package (8 hours total)
- Transfer Equipment Package (9 hours total)

The hours of selected packages are pre-approved

Other

Reason for referral:

Podiatry

- General Foot Care
- Ingrown Nails
- Corns, Callus or Pressure Area
- Footwear Assessment

Physiotherapy

**Physiotherapy Frequency (assumed pre-approved)**

- Twice weekly
- Once weekly
- Fortnightly

Reason for referral:

Speech Pathology

- Mealtime Assessment Plan
- Swallow/Eating/Drinking Support
- Communication Support

Dietetics

- Dietary assessment
- Meal planning
- Low or change to appetite
- Weight management
- Nutrition support (oral supplements and enteral nutrition)
- Chronic health management

**Areas of Concern**

**Customer Goal**

Medical History and Other Information

All referrals to be sent directly to [community@plenahealthcare.com.au](mailto:community@plenahealthcare.com.au) for triage and processing.