Occupational Therapy Referral Form

NDIS Participant:

Name:		**Sex:**	
		DOB:	
Address:		**Interpreter:**	☐ Yes ☐ No
Phone:		**NDIS No.:**	
NDIS plan dates:		**Plan attached:**	☐ Yes ☐ No
Diagnosis:			
Living arrangements:	☐ Alone ☐ Partner/Family ☐ Other		
Primary contact: ***NOK***	Name: Relation: Phone: Email:		

Referrer:

Referrer:	Name: Role: Organisation: Contact details:
Self referred:	☐ Yes ☐ No
Support coordinator:	Name: Organisation: Contact details:

Reason for referral:

☐ Functional (ADL) Assessment	☐ Recreational/Vocational/Employment
☐ OT Intervention	☐ House Assessment (SIL/SDA)
☐ Sensory Assessment	☐ Home Assessment
☐ Assistive Technology	☐ Home Modifications
☐ Pre-planning Assessment	☐ Other:

Risk Assessment:

Occupant has a history of aggression or violent behaviour?	☐ Yes
Firearms on the property?	☐ Yes

Occupant has an infectious disease (e.g. shingles, gastro, chick pox etc.)?	☐ Yes
Are you aware of any pets or animals on the property?	☐ Yes
Are there any other factors we should be aware of before visiting the client's home?	☐ Yes

Explain:

NDIS plan details

☐ Self-managed
☐ NDIA managed
☐ Plan managed
Organisation:
Contact:
Email:
Phone:
Location:

Request for service

Hours **invoiced as per NDIS price guide*

☐ Hours as per NDIS Plan or ☐ _____ hours

Report

☐ Detailed ☐ Brief

Person completing this form: please return to **info@enablingaus.com**

If unable to sign, please insert your name below as your electronic signature to authorise for OT services to commence based on the information provided in this form:

Print name:

Signature: Date:

Please note that the information provided above will form the contractual agreement between Enabling Australia and the NDIS participant or their authorised representative. It is Enabling Australia policy that a signed Service Agreement is in place for all NDIS participants and our team will provide this to sign either prior to, or at the time of the first OT visit. If a Service Agreement is subsequently received and the agreed role or cost of OT services differs to the above, our records will be updated to reflect the changes in the signed Service Agreement. By submitting this form, it is understood permission is provided to complete a service booking.