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| **Referral Process** | | | | |
| *To refer to WHR Allied Health, please complete this form and return it to our administration via email (*[*admin@whralliedhealth.com)*](mailto:admin@whralliedhealth.com)) *or by providing the required detail by phone 0431 556 720.*  *Once we have received the referral details, we will contact you within 48 hours.*  *Please ensure consent is received from the client or their representative before completing this referral.* | | | | |
| **Referral Information** | | | | |
| Referrer name: |  | | Referrer phone: |  |
| Referrer email: |  | | | |
| Client Name: (as per NDIS Plan) |  | | Preferred Name: |  |
| Identifies as: (please circle or add your preferences) | *She/Her He/Him Them/They Refer by name* | | | |
| Cultural identity: (If you would like to share)  *You may have different needs but will have the same rights and can expect the high standard of service* | |  | | |
| Client Address: |  | | | |
| Client DOB: |  | | Client Phone: |  |
| Client email: |  | | | |
| Alternative contact & relationship to the client: |  | | Alternative contact phone: |  |
| Alternative contact email: |  | | | |
| Do you currently have an Occupational Therapist? | | |  | |
| Do you require ongoing occupational therapy from WHR Allied Health? | | |  | |
| WHR Allied Health uses a strengths-based approach. In the therapeutic process, it is helpful for us to know what the client enjoys doing or does well.  Strengths – what do you enjoy? | | | | |

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| **Important information about your experiences to date** | | | | |
| Whilst we complete a comprehensive intake process with each client prior to being accepted into any of our therapy services, the following information assists us in allocating the referral and developing a suitable SSP journey. Please note that questions may be skipped if that is the preference.   1. Please provide us with some detail about the client’s diagnosis or specific challenges: 2. How did you hear about SSP? 3. Have you previously engaged with any other listening therapies?    1. If yes, when and what was this called? 4. What are your goals/desired outcomes? 5. What is your timeframe/when ideally would you like to complete the SSP?   *Please note we do not recommend completing the SSP during periods of big life changes, e.g., marriage dissolution, loss of loved ones, new school/job transitions, moving/relocating.* | | | | |
| **NDIS Plan Details *(if applicable)*** | | | | |
| NDIS# | | | | |
| *NDIS Plan start date:* | | | | *NDIS Plan end date:* |
| *Please let us know if you know how many hours or the allocated budget of supports you would like allocated to WHR Allied Health supports.* | **New clients:** 23.5 hours of occupational therapy supports (includes OT Initial Assessment) – $4,558.76 | | | |
| **Access to the SSP** is $100 per course for one week (some individuals may be recommended or choose to complete the SSP Balance program after 6 weeks, which will incur a second $100 fee). | | | |
| *NDIS Plan Goals:* | | | | |
| Please advise how your invoices will be managed, circling your preference as reported to the NDIA:   * Self-managed * NDIA managed * Fund Management Provider, if so, please name the FMP: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Once we have a signed Service Agreement in place, we will provide you and the FMP with a copy so that any support hours will be quarantined to WHR Allied Health and not unintentionally accessed by another service provider without consent*. In addition, where the plan is NDIA managed, we will create a Service Booking on MyPlace based on the Service Agreement details. | | | | |
| *Is funding available in your NDIS Plan under ‘Improved Daily Living’?* | | **Yes** | **No**  *If not, you will need to be either self/plan managed to claim OT supports. Alternatively, you can self-fund WHR Allied Health supports.* | |