

Referral Process			
<p>To refer to WHR Allied Health, please complete this form and return it to our administration via email (admin@whralliedhealth.com) or by providing the required detail by phone 0431 556 720.</p> <p>Once we have received the referral details, we will contact you within 48 hours.</p> <p>Please ensure consent is received from the client or their representative before completing this referral.</p>			
Referral Information			
Referrer name		Referrer phone	
Referrer email			
Client Information			
Client Name: <small>(as per NDIS Plan)</small>		Preferred Name:	
Identifies as: <small>(please add preferences)</small>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> Them/They <input type="checkbox"/> Refer by name		
Cultural identity: <small>(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</small>			
Client Address:			
Client DOB:			
Client email:		Client Phone:	
If client has a representative acting on their behalf, please fill out following information:			
Representative Name:		Relationship to client:	
Representative Phone:		Representative Email:	
<input type="checkbox"/> Contact for appointments	<input type="checkbox"/> Contact for service agreement	<input type="checkbox"/> Emergency contact	
Alternative Contact Name:		Relationship to client:	
Alternative Contact Phone:		Alternative Contact Email:	
Other relevant contacts for client:			
Name:	Email:	Phone:	
Position/Relationship to client:			
Name:	Email:	Phone:	
Position/Relationship to client:			
Are you transitioning from another service provider?			



WHR Allied Health uses a strengths-based approach. In the therapeutic process, it is helpful for us to know what the person enjoys doing or does well.

Strengths – what do you enjoy?

-
-
-

Disability/Diagnosis information

To assist us in allocating the referral to a suitably experienced therapist in our team, please provide us with some detail about the person’s disability, any existing assistive technology/equipment and why you would like to receive support from WHR Allied Health:

NDIS Plan Details (if applicable)

NDIS#

<i>NDIS Plan start date:</i>	<i>NDIS Plan end date:</i>	
<i>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.</i>	<i>Flexible support budget total for WHR Allied Health</i>	<i>\$</i>
	<i>Or</i>	
	<i>OT hours/budget</i>	
	<i>Therapy Assistant hours/budget</i>	
	<i>Physiotherapy hours</i>	

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.

<i>Is funding available in your NDIS Plan under ‘Improved Daily Living’</i>	Yes	No <i>If not, you will need to be either self/plan managed to claim OT supports. Alternatively, you can self-fund WHR Allied Health supports.</i>
---	------------	---

