**Integrative Occupational Therapy - Referral Form**

*Once all of these details are provided, we will have everything that we need to get started.*

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| --- | --- |
| **Date of referral:** |  |
| **Service to be delivered by:** | Integrative Occupational Therapy |
| **Participant name:** |  |
| **NDIS number:** |  |
| **Address:** |  |
| **Date of birth:** |  |
| **Participant/Carer contact phone:** |  |
| **Contact person:** |  |
| **Plan start date:** |  | **Plan end date:** |  |
| **Billing details:** |  NDIS Plan management Self-managed |
| **Plan manager details (for billing purposes)****Agency name:****Contact details:** |  |

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| --- | --- |
| **What is the outcome that you are seeking (please clearly state what you are wanting from the referral):****i.e. Functional Assessment, AT trials, Home Assessment & Modifications, OT Rehabilitation, Plan Assessment/End of Plan Assessment** |  |
| **Health profession:** | If not occupational therapy, please specify: |
| **Cultural considerations:** |  |
| **Interpreter required?** |  NO YES, language:       |

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| --- | --- |
| The allocated budget for purpose of referral (if known): (i.e. Portion of Improved Daily Living budget) (if NDIS funded) |  |
| Other areas of NDIS budget allocation (if applicable):i.e. core supports needed or in place? Capacity building services needed or in place? |  |

**NDIS COORDINATOR DETAILS (if applicable)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact number:** |  |
| **Email address:** |  |

**BACKGROUND INFORMATION**

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| **Primary Diagnosis:** **Past medical history:****Brief insight into current level of function:****Anything else that you think deserves mentioning:** **Living Arrangements, relationships and supports:****Current service providers:** **Major Risks/Concerns:**  |

**CURRENT PLAN GOALS**

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| --- | --- |
| **Goal:** |  |
| **Goal:** |  |
| **Goal:** |  |
| **Goal:** |  |
| **Goal:** |  |

(Please attach any assessment reports that have been completed to date, as these will offer valuable insights that will strengthen our assessments and/or interventions)

Thank you for taking the time to complete this form.

Please return completed form to **integrativetherapy.info@gmail.com**

**INTEGRATIVE OCCUPATIONAL THERAPY**