

REFERRAL FOR OCCUPATIONAL THERAPY SERVICE – NDIS

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 Post: PO Box 873 Gunnedah NSW Office: 5 Reservoir St Gunnedah NSW

Welcome to Focus on Function! Thank you for filling in this referral form. This will help with getting our services started. To complete this form, you will need:

- ✓ Information on the participant who requires the service.
- ✓ NDIS plan information, including dates and goals.
- ✓ Best contact details for us to keep you update with the progress of your referral and for when we start working with you.
- ✓ About 5 – 10 minutes of your time to complete the form.

Please note OT (Occupational Therapist) Services can only be provided under self or plan-managed arrangements. Someone from our team will be in touch shortly to gather some more information to help us work with you better.

PARTICIPANT DETAILS:		
Full name:		
Date of Birth:	Age:	Gender:
Please confirm the participant/carer is aware and consenting to this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please confirm if the participants home is: <input type="checkbox"/> Private rental <input type="checkbox"/> Privately owned <input type="checkbox"/> Supported accommodation <input type="checkbox"/> Public Housing <input type="checkbox"/> Residential aged care	Address:	
Email address for participant:	Email: <input type="checkbox"/> I do not have an email address / please do not contact me via email	
Phone number for participant:	Home: Mobile: <input type="checkbox"/> Please do not contact participant via phone:	
Preferred communication for signing documentation, including NDIA required service agreement.	<input type="checkbox"/> Participant email: <input type="checkbox"/> Alternative email: <input type="checkbox"/> Participant postal address: <input type="checkbox"/> Alternative postal address:	
Nominee/Guardian: Is the Nominee or Guardian the contact for signing documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide the following details: Name: Relationship: Phone: Email:	
NDIS DETAILS:		

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NDIS Number:	
Current Plan Dates:	Start: <input type="checkbox"/> Yes, current plan attached Finish: <input type="checkbox"/> No, I will send this through ASAP
NDIS Support Co-Ordinator: Does the participant have a NDIS Support Coordinator (SC) or Coordinator of Supports (CoS)? <input type="checkbox"/> No <input type="checkbox"/> Yes:	Yes, please provide details Name: Phone: Email:
FUNDING DETAILS: <i>Services can only be provided under plan managed or self managed arrangements</i>	
The improved daily living budget is: <input type="checkbox"/> Plan managed <input type="checkbox"/> Self-managed Confirm funding is available in improved daily living budget for this request: <input type="checkbox"/> Yes <input type="checkbox"/> No/ unsure	Name of Plan Management organization: (if plan managed) Email address to submit invoices to: Any additional details:
REASON FOR REFERRAL:	
Accepted disability under the NDIS:	
OT Services Required: <i>The hours are an estimation only. If more than one service is requested, hours are combined. The hours include assessment, information gathering and reports. Only the hours used are invoiced. Travel is not included in estimated hours. Please refer to our website to help with more information on the different assessment we provide</i>	<input type="checkbox"/> Functional Assessment (ADL) (Up to 12hours): <input type="checkbox"/> Updated Functional Assessment (Estimated 4-10 hours) <i>Please note that this service can only be provided if last Functional Assessment was completed by Focus on Function within the last 2 years.</i> <input type="checkbox"/> SIL related Assessment (Estimated 15 – 22 hours): <input type="checkbox"/> SDA related Assessment (Estimated 25 - 27 hours): <input type="checkbox"/> Planning Review Assessment (Up to 8 hours): <input type="checkbox"/> Assistive Technology / Equipment (Estimated 12 - 14 hours): <input type="checkbox"/> Home Modifications (Estimated 10 – 22 hours): <input type="checkbox"/> Other:
REFERRAL SOURCE:	
Name:	
Contacts:	Email: Phone:
Organisation:	
Date of Referral:	

SAFETY ISSUES:

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Participant Name:

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Are there any safety concerns that should be considered for home visiting? *This might include a history of aggression, firearms, unrestrained pets etc.*

☐ Yes ☐ No

Please provide details:

Please confirm best contact details to gather further information:

Please return completed referral form, along with CURRENT NDIS PLAN GOALS, BEHAVIOURAL SUPPORT PLANS AND BACKGROUND REPORTS TO: referrals@focusonfunction.com.au