



# REFERRAL FORM

## Client Details:

Client Name		Date of Birth	
Address			
Phone		Mobile	
Email			
Alternative Contact			

## Referral Details:

Date:	
Referred By:	
Contact Number:	
Organisation:	
Email:	

## Funding Body

Participant Number:			
<input type="checkbox"/> Lifetime Care and Support	<input type="checkbox"/> Self-funding	<input type="checkbox"/> Other ( <i>please specify</i> ):	
<input type="checkbox"/> Care Package - <i>please specify</i>	<input type="checkbox"/> HCP: Level _____	<input type="checkbox"/> TACP:	<input type="checkbox"/> CHSP: <input type="checkbox"/> STRC:
<input type="checkbox"/> NDIS : Participant Number:	Plan Start Date:	Plan End Date:	
<input type="checkbox"/> Plan Managed ( <i>please complete the below</i> )	<input type="checkbox"/> Self funding	<input type="checkbox"/> NDIA Managed	
Plan Manager:	Name:	Email:	Phone:
Support Coordinator	Name:	Email:	Phone:
Approximate hours of OT required:		OT financial allocation in NDIS Plan:	\$
Block funding periods <input type="checkbox"/> Yes: Please state details <input type="checkbox"/> No	Block funding period Dates: ( <i>state below</i> )	Block funding period Funds: ( <i>state below</i> ) \$	

## Diagnosis/Medical Condition

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## Presenting Problems

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## Intervention Requested

<input type="checkbox"/> <b>Driving Assessment</b> Licence Number: Auto/Manual: Date required by: Medical complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Wheelchair Script</b> <input type="checkbox"/> Manual <input type="checkbox"/> Power Current chair:	<input type="checkbox"/> <b>Home Modifications</b> <input type="checkbox"/> Rails <input type="checkbox"/> Ramp <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen
<input type="checkbox"/> <b>Other Equipment</b>	<input type="checkbox"/> ADL assessment <input type="checkbox"/> ADL retraining	<input type="checkbox"/> Home Safety Assessment
<input type="checkbox"/> Cognitive Assessment	<input type="checkbox"/> Upper Limb Assessment <input type="checkbox"/> Upper Limb Therapy	<input type="checkbox"/> Other:

Please return to [admin@drot.com.au](mailto:admin@drot.com.au)