alliance clinics

Occupational Therapy | Speech Pathology | Dietetics & Nutrition | Physiotherapy | Diabetes Education | Psychology | Social Work

Ph: 07 4772 1219 Fx: 07 4771 6971 hello@allianceclinics.com.au

Referral

Participant Details

Please select Referral Type *

(●) NDIS ( ) Private ( ) Corporate ( ) DVA ( ) My Aged Care

Participant Name *

Name | Surname

Date of Birth *

Gender *

( ) Male ( ) Female ( ) Prefer not to disclose

Contact Details

Participant Address *

Address Line 1

Address Line 2

Suburb | State

Postcode

Home Phone / Mobile *

Work Phone

Email *

Email

How would you preferred to be contacted? *

( ) Phone ( ) Email ( ) Text/SMS ( ) Via Mail/Post ( ) Or another person on my behalf

Key Contacts

I have the following key contacts

- [ ] Contact person for appointments
- [ ] Support Coordinator
- [ ] Local Area Coordinator
- [ ] Support Worker

Your Contact Person for Appointments & Scheduling *

Name | Surname

Email

Your Support Coordinator *

Name | Surname

Email

I would like this Support Coordinator CC'd on all communications

- ( ) Yes
- (•) No

We will always contact a Support Coordinator when there is a requirement to do so. If you Select 'Yes' you will be also be notified with appointment & booking communications.

Your Local Area Coordinator *

Name | Surname

Email

Your Support Worker *

Name | Surname

Email

Background Information

About Me *

0 of 500 max words.

Primary disability & health history *

0 of 500 max words.

NDIS Goals *

0 of 500 max words.

Reason for referral *

0 of 500 max words.

Services you would like to access at Alliance Clinics: *

- [ ] Occupational Therapy
- [ ] Dietetics & Nutrition
- [ ] Social Work
- [ ] OT Driving Assessment
- [ ] Functional Needs Assessment
- [ ] Case Management
- [ ] Speech Pathology
- [ ] Mental Health Support
- [ ] Positive Behaviour Support
- [ ] Home Modifications
- [ ] Support Coordination
- [ ] Other
- [ ] Physiotherapy
- [ ] Psychological Assessment
- [ ] Hydrotherapy
- [ ] Assistive Technology
- [ ] Welfare / Service Support

NDIS Plan Details

Do you have an approved NDIS Plan? *

- (●) Yes
- ( ) No

NDIS number *

#

0 of 9 max characters.

Plan Start Date *

Plan End Date *

Service Agreements *

- ( ) I can sign Service Agreements myself
- ( ) I have a Plan Nominee who signs my Service Agreements

What categories of funding do you have in your NDIS Plan? *

☐ Improved Daily Living ☐ Health & Well Being ☐ Improved Relationships ☐ Support Coordination

How is your NDIS Plan Managed (how are services paid?) *

◯ National Disability Insurance Agency(NDIA)/Portal ◯ Self-Managed ◯ Plan Management Organisation

Plan Management Org Name | Email

Do you have a legal guardian via the Office of Public Guardian (OPG)? *

◯ Yes ◯ No

Has there been a recent hospital admission? *

◯ Yes ◯ No

Have referrals been sent to services other than Alliance Clinics? (Please list)

0 of 200 max words.

Are there other services currently involved?

0 of 200 max words.

Please specify any supporting documents you have available that may be able to assist us

☐ NDIS Plan ☐ Progress Report ☐ Medical Referral ☐ Other

I would like a quote provided prior to receiving services

◯ Yes ◯ No

Consent for referral: *

☐ Yes - this referral has been discussed with the participant and/or their guardian, and they understand and agree with the referral being made.

Referrer Details

This section is for the Agency or individual making the referral. If this is a self-referral or for a family member, use "Self", "Parent", "Guardian" as the Organisation name and add your own details below.

Please do not put Alliance Clinic's details below.

Referral Organisation Name *

Referrer Contact *

Name | Email

Discipline / Position

Referrer Address *

Address Line 1

Address Line 2

Suburb | State

Postcode

Referrer Phone *

Referrer Fax

Referrer Email *

Email

I discovered Alliance Clinics through: *

☐ GP/Specialist ☐ From an NDIS participant ☐ Word of mouth ☐ Online Search ☐ Social Media
☐ Web Advert ☐ Print Advert