



NDIS REFERRAL FORM

Please email this form, along with a copy of the participants plan, along with any supporting documents or reports to admin@wellnessembodiedcairns.com

CLIENT DETAILS

First Name: _____
Last Name: _____
DOB: _____
Phone No: _____
Email Address: _____
Home Address: _____

CLIENT REPRESENTATIVE / PARENT OR GUARDIAN

First Name: _____
Last Name: _____
Phone No: _____
Email Address: _____
Home Address: _____
Relationship to Client: _____

PREFERRED CONTACT INFORMATION

Contact for Appointments

Name: _____
Phone: _____
Email: _____

Contact for signing Agreements / Funding

☐ Support Coordinator
☐ Other-details: _____
Name: _____
Phone: _____
Email: _____

(Note: if there is no support coordinator, the Participant or Participants Representative/Parent or Guardian is responsible for confirming funding and plan dates.)

NDIS FUNDING & PLAN DETAILS

NDIS Management Type: ☐ Plan Managed ☐ Self Managed (Payment on day) ☐ NDIA / Agency Managed*

**Note: Wellness Embodied is not an NDIA registered provider and cannot accept NDIA / Agency Managed funding.*

NDIS Participant No: _____

Plan Dates: From: _____ To: _____

Quarterly Funding Dates (If applicable)

Q1: _____ Q2: _____ Q3: _____ Q4: _____

Plan Manager Name: _____

Organisation: _____

Email: _____

Support Coordinator: _____

Organisation: _____

Phone: _____

Support Worker Name: _____

Organisation (if applicable): _____

Phone: _____

Medical Diagnosis / Presenting Conditions:

Participants Goals (as stated in the participants NDIS plan):

Requested Services: (tick if applicable)

- ☐ Physiotherapy - Ongoing
- ☐ Occupational Therapy - Under 16 Years (Ongoing)
- ☐ Occupational Therapy - 16+ Years (Ongoing)
- ☐ Osteopathy - Ongoing
- ☐ Hydrotherapy with a Physiotherapist (Ongoing)
- ☐ Assistive Technology (AT) Assessment
- ☐ Home Modifications Assessment

Note: We cannot do Minor Category B or Complex

- ☐ Allied Health Assistant / PT
- ☐ FCA (Functional Capacity Assessment)
- ☐ SIL
- ☐ SDA
- ☐ Other: _____

Is the requested service/s: ☐ In-Clinic ☐ Home Visit ☐ School Visit ☐ Telehealth

Preferred days & times: _____

Number of appointments required / frequency for ongoing: _____

STAFF SAFETY

Please be aware in the interest of keeping our staff safe and complying with WHS laws, in the case of violence or threatening behaviour, our staff may use defensive restraint or terminate the consultation.

Is there a history of concerning, aggressive, or challenging behaviours with the client? ☐ YES ☐ NO

Details: _____

COMPLETE IF HOME VISIT IS REQUESTED:

1. Living Arrangements: ☐ Alone ☐ Shared ☐ Supported ☐ With Family

2. Will other people be present when the therapist visits? If yes, who? ☐ Yes ☐ No — Details: _____

3. Is there anyone living at or regularly attending the property who may be violent, threatening, aggressive or intimidating? ☐ Yes ☐ No Details: _____

4. Has anyone at the property previously threatened, assaulted or behaved aggressively towards healthcare workers? ☐ Yes ☐ No Details: _____

5. Are there any concerns about a person's behaviour due to alcohol, drugs, mental health, cognitive impairment or other factors? ☐ Yes ☐ No Details: _____

7. Is there reliable phone/mobile reception at the property? ☐ Yes ☐ No

8. Are there any weapons or other dangerous items kept at the property that may pose a safety concern? ☐ Yes ☐ No Details: _____

9. Is there safe and legal parking available close to the property? ☐ Yes ☐ No

10. Are there any access issues onto the property? (Eg: pets, side/rear entrances) ☐ Yes ☐ No Details: _____

11. Is the pathway/entrance to the property well lit and reasonably safe? ☐ Yes ☐ No

12. Is the client, or anyone on the premises, a smoker? ☐ Yes ☐ No Details: _____

13. Is there anything else about the person, household, property or surrounding area that could affect the safety of a therapist attending this home? ☐ Yes ☐ No Details: _____

WELLNESS EMBODIED TO FILL OUT:

SAFETY RISK IDENTIFIED:

☐ No known concerns

☐ Minor concerns — Precautions required

☐ Significant concerns — Manager / Supervisor review required

☐ Home visit NOT considered safe without additional controls