



REFERRAL FORM

** Please note this is a writable pdf form*

ADAPT OT REFERRAL INFORMATION

Please note Adapt OT primarily work with adult clients with input focusing on: Home Modifications and Assistive Technology, Housing and Support Needs Assessments (SIL/SDA/ILO), Independent Living Skills Assessments, and goal-based Capacity Building (primarily with persons with physical, neurological or intellectual disability). If your client does not meet this criteria please contact before completing this referral form.

Please call our Clinical Director, Peta McKenna, on 0433 195 408 if you would like to discuss the referral or wait periods.

Date of Referral:

Client Details

Surname	First Name		
Date of Birth	Age	Gender	
Address	Suburb	State	Postcode
Phone	Mobile	Work	
Interpreter required ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language

Next Of Kin

Name	Relationship
Email	Contact No.

Main contact for correspondence / appointments etc.

	Client	NOK	Other - Refer below
Name			Relationship
Email			Contact No.

Referral Type

NDIS
 Self-Funded
 HCP
 Private
 TAC

Nature of disability and relevant medical history

Reason for Referral

Approved OT hours

Claim No. (NDIS / TAC / MAC)

NDIS Plan Start Date

NDIS Plan End Date

- Please forward a copy of the current NDIS plan if client consents, or current plan goals

Invoice Details

Company

If NDIS; please specify

Self-Managed

Plan Managed

Agency Managed

Contact

Address

State

Postcode

Phone

Email

Support Coordinator / HCP Case Manager

Contact

Company

Phone

Email

Other Providers Involved

Contact

Phone

Email

Contact

Phone

Email

- May include Allied Health Professionals, Psychologist, GP, Day Programs etc.

Referrer Details

Referred By

Company

Phone

Email

Additional Information

- Please provide any other relevant reports to support assessment, for example psychology, physio, medical etc

