carpentaria

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Carpentaria is a registered NDIS service provider

ALLIED HEALTH SUPPORTS REQUEST FOR SERVICE FORM

1: PARTICIPANT INFORMATION

Participant's full name:		Date of birth:	
Other names: (if applicable)		Gender:	☐ Male ☐ Female
Residential address:		Telephone Contact numbers:	H: M:
Postal address: (if different)			
☐ Aboriginal ☐ Torres Strait Islander ☐ Neither		Country of birth:	
Interpreter required:	☐ Yes ☐ No	Language spoken at home	
Has the Participant consented to this referral? (where required) ☐ Yes ☐ No			
Primary diagnosis/difficulty:			
Other presenting issues:			
Reason for referral:			
Communication Status: ie non-verbal		Interpreter Required:	☐ Yes ☐ No
Assessments Completed:	☐ Speech Pathology ☐ Occupational Therapy ☐ Psychology ☐ Physiotherapy		

NDIS Plan Approved?	☐ Yes ☐ Not commenced ☐ Pending ☐ Not applicable	NDIS Plan number:	Plan Start date:
Plan Management	☐ Agency managed ☐ Plan managed ☐ Self managed	If Plan Managed, contact details of Plan Manager:	Name: Email: Phone:
NDIS COS Details:	Name:	Organisation:	Phone: Email

Therapy funding included in plan?	☐ Yes ☐ No	Type of therapy approved (if known):			
Funding source (if not NDIS)	☐ Medicare	☐ Government	☐ Defence	☐ Private	☐ Other

2. THERAPY SUPPORTS REQUEST

☐ Speech Pathologist	☐ Occupational Therapist	☐ Psychologist	☐ Physiotherapist	☐ Not sure
Therapy Goal:				
Copies of the following are attached:	☐ Allied Health Assessment	☐ Copy of NDIS Plan (optional, assists in planning)	☐ Other (provide details)	

3. CONTACT DETAILS

Participant/Parent/Guardian	Surname:		Given Name:	
Address:			Contact numbers:	H: M:
Signature:			Date:	

Referrer Details (if different to above)	Name		Organisation:	
Relationship to client:	☐ Parent/Guardian ☐ Coordinator of Supports	☐ Other (provide details)	Postal address:	
Contact email:			Phone:	
Signature:			Date:	

Please send the completed referral form to: intake@carpentaria.org.au.

For additional enquiries regarding this referral, please phone the NDIS Implementation Manager on 8920 9425

Completing this form is not a guarantee that the service can be provided. Carpentaria requires completion of a service agreement for all services provided