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| **Referral Process** |
| *To refer to WHR Allied Health, please complete this form and return it to our administration via email (**admin@whralliedhealth.com)* *or by providing the required detail by phone 0431 556 720.**Once we have received the referral details, we will contact you within 48 hours.**Please ensure consent is received from the client or their representative before completing this referral.*  |
|  **Referral Information**  |
| Referrer name: |  | Referrer phone: |  |
| Referrer email: |  |
| Client Name: (as per NDIS Plan) |  | Preferred Name: |  |
| Identifies as: (please circle or add your preferences) | *She/Her He/Him Them/They Refer by name*  |
| Cultural identity: (If you would like to share)  *You may have different needs but will have the same rights and can expect the high standard of service* |  |
| Client Address: |  |
| Client DOB: |  | Client Phone: |  |
| Client email: |  |
| Alternative contact & relationship to the client: |  | Alternative contact phone:  |  |
| Alternative contact email: |  |
| Do you currently have an Occupational Therapist?  |  |
| Do you require ongoing occupational therapy from WHR Allied Health? |  |
| WHR Allied Health uses a strengths-based approach. In the therapeutic process, it is helpful for us to know what the client enjoys doing or does well. Strengths – what do you enjoy?*

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| **Important information about your experiences to date** |
| Whilst we complete a comprehensive intake process with each client prior to being accepted into any of our therapy services, the following information assists us in allocating the referral and developing a suitable SSP journey. Please note that questions may be skipped if that is the preference.1. Please provide us with some detail about the client’s diagnosis or specific challenges:
2. How did you hear about SSP?
3. Have you previously engaged with any other listening therapies?
	1. If yes, when and what was this called?
4. What are your goals/desired outcomes?
5. What is your timeframe/when ideally would you like to complete the SSP?

*Please note we do not recommend completing the SSP during periods of big life changes, e.g., marriage dissolution, loss of loved ones, new school/job transitions, moving/relocating.* |
| **NDIS Plan Details *(if applicable)*** |
| NDIS# |
| *NDIS Plan start date:*  | *NDIS Plan end date:* |
| *Please let us know if you know how many hours or the allocated budget of supports you would like allocated to WHR Allied Health supports.*  | **New clients:** 23.5 hours of occupational therapy supports (includes OT Initial Assessment) – $4,558.76 |
| **Access to the SSP** is $100 per course for one week (some individuals may be recommended or choose to complete the SSP Balance program after 6 weeks, which will incur a second $100 fee). |
| *NDIS Plan Goals:*  |
| Please advise how your invoices will be managed, circling your preference as reported to the NDIA:* Self-managed
* NDIA managed
* Fund Management Provider, if so, please name the FMP: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Once we have a signed Service Agreement in place, we will provide you and the FMP with a copy so that any support hours will be quarantined to WHR Allied Health and not unintentionally accessed by another service provider without consent*. In addition, where the plan is NDIA managed, we will create a Service Booking on MyPlace based on the Service Agreement details.  |
| *Is funding available in your NDIS Plan under ‘Improved Daily Living’?* | **Yes** | **No***If not, you will need to be either self/plan managed to claim OT supports. Alternatively, you can self-fund WHR Allied Health supports.*  |