

WHR Allied Health Referral Form

WHR ALLIED HEALTH

BARWON - OVENS & MURRAY - MURRUMBIDGEE

Sex group

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			
Are you transitioning from another service provider?			
WHR Allied Health uses a strengths-based approach. In the therapeutic process, it is helpful for us to know what the person enjoys doing or does well.			
<u>Strengths – what do you enjoy?</u>			
<ul style="list-style-type: none">•••			



WHR Allied Health

ABN: 70 193 508 961

PO Box 895
Torquay VIC 3228

www.whralliedhealth.com | 0431 556 720

PO Box 993
Albury NSW 2640

Sex group

Important information about your experiences to date

Whilst we complete a comprehensive intake process with each participant prior to being accepted into any of our groups, the following information assists us in allocating the referral to a suitable group. Please note that questions may be skipped if that is the preference.

1. Please provide us with some detail about the participant's disability:

2. Has the participant had any previous sex education? **Yes/No**
Are there any specific areas of support or concerns that you or the participant are hoping to be addressed?

3. Is this the first formal sex education that the participant has received? **Yes/No**
If you answered **NO**, what topics were addressed in previous sex education?

4. OPTIONAL: Is the participant currently sexually active with others? **Yes/No**
If you answered **YES**, please identify contraception method used, if known:

5. Does the client have a support person they feel comfortable speaking with to discuss sex group topics or answer follow-up questions?



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6. Is there anything else you would like to add that will help us to suitably allocate you to a great group?

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.

Flexible CB Daily Activity (Therapeutic Supports) support budget total for WHR Allied Health

\$

Or

OT hours/budget

Therapy Assistant hours/budget

NDIS Plan Goals:

i.e are any goals specific to sexual health/education?

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.



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