

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.

Referrer/Care Manager Information

Referrer name		Referrer phone	
Referrer email			

Client Information

Client Name: (as per NDIS Plan)		Preferred Name:	
---------------------------------	--	-----------------	--

Identifies as: (please add preferences)	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> Them/They <input type="checkbox"/> Refer by name		
---	--	--	--

Cultural identity: (If you would like to share) <i>You may have different needs but will have the same rights and can expect the high standard of service</i>			
---	--	--	--

Client Address:			
-----------------	--	--	--

Client DOB:			
-------------	--	--	--

Client email:		Client Phone:	
---------------	--	---------------	--

If client has a representative acting on their behalf, please fill out following information:

Representative Name:		Relationship to client:	
----------------------	--	-------------------------	--

Representative Phone:		Representative Email:	
-----------------------	--	-----------------------	--

<input type="checkbox"/> Contact for appointments	<input type="checkbox"/> Emergency contact		
---	--	--	--

Alternative Contact Name:		Relationship to client:	
---------------------------	--	-------------------------	--

Alternative Contact Phone:		Alternative Contact Email:	
----------------------------	--	----------------------------	--

Other relevant contacts for client:

Name:	Email:	Phone:
Position/Relationship to client:		

Name:	Email:	Phone:
Position/Relationship to client:		

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.

Strengths – what do you/the client enjoy?

-
-

Disability/Diagnosis information

To assist us in allocating the referral to a suitably experienced therapist in our team, please provide us with some detail about the person’s disability, any existing assistive technology/equipment and why you would like to receive support from WHR Allied Health:

Home Care Package information (if applicable)

Have you confirmed that the client has a budget in their package to potentially fund prescribed Assistive Technology/Aids/Equipment?

Please advise how the clients invoices will be managed:

- Self-managed, sent to client
- Sent to referring Care Manager
- Fund Management Provider, if so, please name the FMP:

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.

