|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |   |  |  |
| **Referrer Name:** |   | **Phone:** |   |
| **Referrer email:** |   |
| **Referrer organisation:** |   | **Client consented to referral:** | [ ]  Yes [ ]  No |

|  |
| --- |
| **Client Details**  |
| **Full Name:** |   | **DOB:** |   |
| **Email:** |   | **Phone:** |   |
| **Address:** |   |
| **Suburb/Town:** |   | **Postcode:** |  |
| **Main Language spoken:** |   | **Interpreter Required:** | [ ]  Yes [ ]  No |
| **Emergency Contact Name:** |   | **Emergency Contact details:** |   |

|  |
| --- |
| **Background Information**  |
| **Primary diagnosis:** |   |
| **Other relevant medical history:** |   |

|  |  |
| --- | --- |
| **Reason for referral:** |   |
| **Mobility/transfers:** |   |
| **Other necessary information:** |   |

**Request for Allied Health Services**

|  |  |  |
| --- | --- | --- |
| Tick service/s required | Supports | Unit Price |
| [ ]  | Occupational Therapy services including: * Assessment (telehealth and home visit)
* Supplier liaison
* Trial of equipment
* Reports/ documentation
* Review
* Travel
 | $155/hr |
| [ ]  | Physiotherapy services (short term treatment) including: * Assessment (telehealth and home visit)
* Home visit treatment sessions 6 weeks (1 hr sessions)
* Reports/ documentation
* Travel
 | $155/hr |

|  |  |  |
| --- | --- | --- |
| [ ]  | Physiotherapy services (walking aid assessment only):* Assessment (telehealth and home visit)
* Supplier liaison
* Trial of equipment
* Reports/ documentation
* Review
* Travel
 | $155/hr |
| [ ]  | Physiotherapy services (ongoing services): * Assessment (telehealth and home visit)
* Supplier liaison
* Trial of equipment
* Reports/ documentation
* Review
* Travel
 | $155/hr |

|  |
| --- |
| Please confirm the following: |
| [ ]  I understand these hours quoted are a guideline only and dependent on client requirements.  Indigo therapists will confirm the hours required after the initial assessment. |
| [ ]  I have read and understood Indigo’s terms and conditions  (please see <https://www.indigosolutions.org.au/legal/terms-and-conditions>)  |

**Signature of Authorised person requesting services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |   | **Date:** |   |

|  |  |
| --- | --- |
| **Signature:** |  |

**Please return referral form to** **scheduling@indigosolutions.org.au** **or call 9381 0640 for further assistance**