



# Speech Pathology

## ADULT REFERRAL FORM

Date: \_\_\_\_\_

### Personal Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Carer Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_ Interpreter Required:  Yes  No

### Referral Details

Does the person have:  Medicare Enhanced Primary Care Plan or Team Care Arrangement

Private Health Insurance

### NDIS Details

Does the person have an NDIS Plan:  Yes (*Please include the NDIS Plan to assist with processing of the referral*)

No

How is the NDIS Plan Managed:

**Self-managed**

Person responsible for payment: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you able to pay upfront?  Yes  No

**Plan Managed**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Managed**

**Support Coordinator**

Support Coordinator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### General Practitioner

General Practitioner Name: \_\_\_\_\_

GP Practice: \_\_\_\_\_

Do you give consent for us to liaise with the GP if necessary:  Yes  No

*Please continue to next page*

## Reason for Referral and Other Information

**Please describe concerns** (e.g. functional difficulties, goals, concerns, strengths):

**Relevant Medical History** (e.g. medication, current and previous diagnosis):

**Other service providers involved, including previous therapy** (please provide name):

**Any additional information that you feel is relevant to this referral:**

## Referrer Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Role: \_\_\_\_\_

**Please return this completed form, a copy of the NDIS plan and any other relevant documentation to Amity Health via one of the following methods:**

Email: [query@amityhealth.com.au](mailto:query@amityhealth.com.au)

Fax: 9842 2798

**Amity Health will contact you as soon as possible to discuss your referral.  
For more information please visit our website [www.amityhealth.com.au](http://www.amityhealth.com.au) or contact  
Amity Health on 9842 2797**