Occupational Therapy and Speech Pathology

ADULT REFERRAL FORM

Date: _____

Personal Details

Name: _____ Date of Birth: __/__/____ Gender: _____

Address: _____

Suburb: _____ Postcode: _____

Preferred Contact Name: _____

Phone: _____ Email: _____

Carer Name: _____

Phone: _____ Email: _____

COVID-19 Vaccination Status: ☐ 1st Dose ☐ 2nd Dose ☐ Booster

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

Allied Health Service Required

☐ Occupational Therapist ☐ Speech Pathologist

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:

Post: PO Box 5294, ALBANY WA 6332

Fax: 9842 2798

Email: query@amityhealth.com.au

Thank you for your referral. Amity Health will contact you as soon as possible to discuss your referral.

For more information please visit our website www.amityhealth.com.au or contact Amity Health on 9842 2797