

Occupational Therapy Referral – NDIS

Please complete the below information and return together with a copy of your NDIS plan via email, fax or post (contact details at the bottom of this page).

Client Name:	
Client DOB:	
Name of legal guardian (if applicable):	
Client Address:	
Client Telephone:	
Client/Guardian Email:	
Name of General Practitioner (if applicable):	
Clinic where GP practices (if applicable):	
NDIS Number:	
Date you are completing this form:	
NDIS plan expiry date:	
Do you have a Support Coordinator? <i>NOTE: A Support Coordinator is a 3rd party provider engaged to assist you in identifying and sourcing supports.</i>	Yes/No (please circle one) If yes, please provide contact details below.
Name of Support Coordinator:	
Phone number of Support Coordinator:	
Email address of Support Coordinator:	
How is your NDIS funding managed?	<input type="checkbox"/> Self-managed <input type="checkbox"/> Agency (NDIA) managed <input type="checkbox"/> Plan Manager (advise below)
<i>NOTE: Self-managed means you manage your funding on your own. Agency managed means the NDIA manage your funds and pay providers directly via the NDIS portal. Plan managed refers to a 3rd party that you have engaged to manage your funds on your behalf.</i>	
Name of Plan Manager (if applicable):	
Phone number of Plan Manager (if applicable):	
Email address of Plan Manager (if applicable):	

Information about your disability (please provide as much detail as possible and attach additional information if required.)

Referral request (what would you like us to do?)

Is this a Self-Referral:

Yes/No (please circle one)

If no, please complete referrer information below

Referrer name:

Referrer organisation:

Referrer phone number:

Referrer email: