|  |  |  |  |
| --- | --- | --- | --- |
| **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**](mailto:scheduling@indigosolutions.org.au) **or call 9381 0640 for further assistance**