



## NDIS REFERRAL FORM ALLIED HEALTH SERVICES

Date:

### Client Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (Please Specify)		
Given Name		Family Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
NDIS No			
Identifies as	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither		
Disability (if known)			
Residential Address			
Client's Contact	Mobile:	Email:	
Guardian/Next of Kin	Name:	Phone:	
NDIS Plan Duration	Start Date:	End Date:	
Copy of NDIS Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No (Recommended)			

Service Required	Physiotherapy Dietetics Allied Health Assistant
Allocated Funding for all Allied Health Services Requested	
NDIS Funding Type	Plan Managed                  Self-Managed
Plan Manger Details	Name of Plan Manger: Name of Plan Management Company: Email for Invoicing: Contact Number:



Additional Information you wish to share	
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**GP Details of the Client**

Why is this Important?	A GP is an important member of a person's care team, and we may need to communicate with the GP practice if a participant requires additional supports outside of the NDIS plan.
Practice Name	
GP Name	
Practice Address	

**Details of the Person Completing this Form**

Organization			
Contact Name			
Contact Number		Email	
Relationship to the Client			

**What happens next?**

Please email this completed form along with the NDIS Plan and any other relevant documents to [info@paxhealthcare.com.au](mailto:info@paxhealthcare.com.au)

For any additional information or assistance with completing the form please contact us on 0470470926 preferably within working hours.

**What happens after we receive your information?**

Once this referral is received, we will make contact to develop a Service Agreement. The agreement will need to be approved and signed before any services commence. We will work with the NDIS participant and their decision maker to ensure the agreement meets their needs to organize the best supports available.