bewell
OCCUPATIONAL THERAPY

Mental Health & Psychosocial OT

REFERRAL FORM

REFERRER DETAILS

Date _____

Name _____ **Organisation** _____

Email _____ **Contact No.** _____

CLIENT DETAILS

Client Name _____ **D.O.B** _____

Client Address _____

SIL property? ☐ **Yes** ☐ **No** **Ratio** _____

Contact No. _____ **Email** _____

Able to participate in telehealth appointments? ☐ **Yes** ☐ **No**

Does the participant require additional supports to facilitate communication? e.g. interpreter, signer, etc. _____

Preferred Method of Contact (SC/Direct/Alternative Contact) _____

Who will sign the service agreement? ☐ **Participant** ☐ **OPG** ☐ **Plan Nominee/EPOA**

NDIS DETAILS

NDIS No. _____ **Plan Dates** _____

Support Coordinator _____ **Email** _____

Plan Management Type ☐ **Plan Managed** ☐ **Agency Managed** ☐ **Self Managed**

Plan Management Details _____ **Email** _____

Primary Disability _____

Secondary Disabilities _____

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SERVICES REQUESTED

ASSESSMENT REPORT

- ☐ **Functional Capacity Assessment & NDIS Review Report**
- ☐ **Environment Assessment**
- ☐ **Occupational Support Profile & Report** *(not intended for NDIS plan reviews)*
- ☐ **Home and Living: S-I-L Assessment & S-I-L Report**
- ☐ **Home and Living: ILO**
- ☐ **AT Assessment & Letter of Support**
- ☐ **Other** _____

ONGOING THERAPY

- ☐ **Routine Establishment**
- ☐ **Sensory Assessment & Sensory Modulation Plan**
- ☐ **Cognitive Assessment & Strategy Training**
- ☐ **Activities of Daily Living Training, Community & Life Skills Training**
- ☐ **DBT Informed Intervention**
- ☐ **Other** _____

DURATION OF SERVICE

- ☐ **Assessment Report & Discharge**
- ☐ **Assessment Report & Ongoing Therapy**
- ☐ **Ongoing Therapy**

ADDITIONAL INFORMATION

In your opinion, is the client best suited for one extended 2 hour assessment appointment or 2 x 1 hour appointments? (Please consider the clients ability to maintain focus and engagement)

- ☐ **1 x 2 hour**
- ☐ **2 x 1 hour**
- ☐ **N/A - Ongoing Therapy**

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ADDITIONAL INFORMATION

Has the participant ever received support from an occupational therapist?

Any additional information or complexities to be aware of to ensure the participant is well supported?

SAFETY ISSUES

For the safety of staff, please outline if there are any safety considerations to be aware of when visiting this client in their home:

Is anyone at the property known to be aggressive or violent? If so, will there be a support worker/support coordinator/carer present for the appointment, or would you recommend two therapists attend?

Are you aware of there being firearms, weapons, sharps or other drug paraphernalia at the property?

Are you aware of any occupant having an infectious disease (e.g. flu symptoms, gastro, MRSA)?

Are you aware of any pets or animals on the premises? If so, please describe.

THANK YOU FOR YOUR REFERRAL

Once your referral is processed, you will be contacted to discuss an initial consultation and provided with a cost estimate for Occupational Therapy services.

Signature _____ **Date** _____