

## Optimal Therapy Referral Form

Optimal Therapy has updated the referrals process for new clients to ensure we collect the correct information for our records. Please complete the referrals form below with the required information for our clinicians to review.

We review all referrals weekly and will get back to you in a timely manner. If we are a suitable provider, we will let you know what our current capacity is and if this is a suitable time frame, book in an appointment.

Fill out the form below and return it to [consultations@optimaltherapy.com.au](mailto:consultations@optimaltherapy.com.au)

All fields marked with \* are required

<b>Referrer Name*:</b>
<b>Referrer Email*:</b>
<b>Referrer Phone*:</b>
<b>Participant Name*:</b>
<b>Participant Date of Birth*:</b>
<b>Participant Email*:</b>
<b>Participant Phone*:</b>
<b>Participant Address*:</b>
<b>NDIA Number*:</b>

**Reason For Referral\*:**

**Preferred Contact Person\*:**

**Disability / Diagnosis:**

**Plan Start Date\*:**

**Plan End Date\*:**

**NDIS Funding for Capacity Building Budget\*:**

- Agency
- Plan
- Self Managed

**Plan Manager Details**

**NDIS Plan Goals**

**Who would be present at the initial appointment?**

Will any support persons be with the participant? \*

**How do we safely access the participants property? \***

ie. Are there any stairs /locked gates/ pets?