

## Referral Form

### ABOUT THE PERSON BEING REFERRED

Date			
First name			
Last name			
Preferred name			
Date of birth			
Gender identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:	Pronouns	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other:
Address		Phone numbers	
Email address			
Disability/diagnosis	Please provide any relevant supporting information/recent reports		
Guardian/NDIS Nominee details	Name/phone number/email		

### ABOUT THE NDIS PLAN

NDIS number			
Plan start date		Plan end date	
Funding approved for this referral		Ongoing funding available (Allied health)	
Funding	<input type="checkbox"/> NDIS plan managed <input type="checkbox"/> NDIS self-managed <input type="checkbox"/> Private Funding		

NDIS goals: please list or attach a copy	
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#### NDIS FUND MANAGEMENT

Fund Management Name	
Fund Management Contact Details	Name:
	Email:
	Phone:
	Contact Person:
Invoices to be sent to	

#### MULTI DISCIPLINARY CONTACTS

Treating Doctor/Team	
Occupational Therapist	
Physiotherapist	
Speech Therapist	

Psychologist	
Other - Dietician - Behavioural Therapist - Community nurse - Care provider - ETC	

#### OTHER HELPFUL INFORMATION

Any known safety risks?	
Reason for the referral	Please tell us about the services you are seeking:

#### ABOUT THE PERSON COMPLETING THIS FORM

Name	
Relationship to person being referred	
Email address	
Phone number	

# Authority to Obtain / Release Information and Privacy Policy

I \_\_\_\_\_ agree to participate in occupational therapy services/assessment with Health & Harmony Rehabilitation Group and hereby authorise the therapist to liaise and share relevant documentation with the NDIA, Case Consultant and treating team; including my GP and Allied Health Team involved with my rehabilitation/treatment to obtain and release information regarding my specific disability which may further assist with my treatment program. I consent to photos being taken where this will assist my rehabilitation and have read and understood the privacy policy below.

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of client/guardian:

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Therapist:

Protecting your privacy and the confidentiality of your personal information is important to us. Health & Harmony is bound by the Privacy Act 1988, the Privacy Amendment Act 2000 and the Australian Privacy Principles (APPs).

The purpose for collecting your personal information is to assist the therapist to provide person centred treatment. The personal information collected and stored by Health & Harmony includes your name, address and contact details. We also collect sensitive information specific to your disability, health and to the services being provided to you. Due to the sensitive nature of this information we must obtain your written consent to proceed with our services.

To effectively assist you we may need to exchange information between your doctor, other treating providers, school (if appropriate), NDIS and any other associated parties. Your private information will be disclosed only for its intended primary purpose and for administrative requirements. In exceptional circumstances e.g. legal reasons, serious threat to life, individual's health and safety - your personal information may be disclosed. All files are stored electronically on Health & Harmony's secure database and access to files is only available to approved staff and requires username and password. Any handwritten documents are scanned onto the database and then destroyed via shredding prior to being disposed

## Contacting us about access and correction of your personal information

Should you wish to access, and/or correct personal information please contact your consultant who will be only too happy to help. Please be aware that this may take up to 10 working days to arrange and that a small fee to cover administrative expenses may apply.