**Mind and Body (NDIS Capacity Building)**

**Referral**

**Date: / /**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **NDIS Number:** |  |
| **Date of Birth:** |  | **Plan Management Type:**  NDIA, Self or Plan Managed  (if Plan or Self managed please provide details) |  |
| **Participant Address:** |  |
| **Plan Start Date:** |  | **Plan End Date:** |  |
| **Contact Details to Arrange Assessment? Participant, Plan Nominee, NOK, or Service Provider?** |  | **Support Coordinator Contact Details:** |  |
| **Alerts/Allergies:** |  | **Urgency?** |  |

**Capacity Building Support/s Required?** If you have a preferred clinician please highlight, if referring to one or multiple supports please allocate hours accordingly next to each line item.

|  |  |  |  |
| --- | --- | --- | --- |
| Item Number | Item Name and Clinician Options | Rate (STD TAS) | Hours / Funding |
| 15\_617\_0128\_1\_3 | Assessment Recommendation Therapy or Training - Occupational Therapist  **Jenna Berryman – 16 yrs and over – Specialty area ABI** waitlist  **Prathip Devaraj – 14 yrs and over – Specialty area MH (Forensic)** waitlist  **Ranjini Radhakrishnan – 14 yrs and over - Specialty area MH (Rehab/Cognitive)** waitlist | $193.99 |  |
| 15\_055\_0128\_1\_3 | Assessment Recommendation Therapy or Training – Physiotherapist  **Jayne Grubits-King – 16 yrs and over**  **Georgie Palmer (Special interest in Pelvic Health)** | $224.62 |  |
| 15\_054\_0128\_1\_3 | Psychology – Assessment, recommendation, Therapy or Training  **Michael O’Donnell, Ulverstone and Wynyard – 16 yrs and over**  **Tracey Spencer- Lloyd, Campbell Town/Telehealth -** Therapeutic sessions | $234.83 |  |
| 15\_622\_0128\_1\_3 | Assessment Recommendation Therapy or Training - Speech Pathologist  **Rachael Stocks –** waitlist | $193.99 |  |
| 12\_025\_0128\_3\_3  or  15\_062\_0128\_3\_3 | Dietician Consultation and Diet Plan Development  **Erica Cunningham**  **Samantha Stanton (Maternity Leave)** | $193.99 |  |
| 15\_412\_0114\_1\_3  Or CORE if applicable  01\_612\_0114\_1\_1 | Delivery of Health Supports by a Clinical Nurse - Weekday Daytime  **Clinical Nurse Consultant – Continence Assessments**  **Jan Robinson**  **Sophie Hill**  Minimum of 6 hours required for a comprehensive assessment and recommendations | $133.27 |  |

**Medical History and Primary Disability:**

**Social/Home situation:**

**Current services (Including other Allied Health professionals):**

**Reason for referral:** (EG; Psychology formal assessment or therapeutic sessions only? OT, Activities of daily living assessment, sensory, skill building, equipment? Please provide as much information as possible)

**NDIS Goals:**

1.

2.

3.

**Are recommendations required by plan end date? If so, please indicate when this needs to be submitted by …………………………. alternatively, if we have a waitlist ELPE Health will advise approx. timeframe for initial assessment.**

**Consent:**

**I ………………………………… consent for this referral to be sent and for relevant reports, history and information be shared with ELPE Health.**

**Participant or Participant's representative Name: (please print)**

**Signature:** **Date: / /**

**Please provide as much detail as possible in the referral, more information will assist the clinical team to triage and assess the urgency.**

**Previous reports when consent to share has been obtained would be beneficial also.**