

Client Referral Form



CLIENT INFORMATION

Name: _____ Gender: _____

D.O.B: _____ Preferred Pronoun: _____

Diagnosis: _____

Do you identify as Aboriginal or Torres Strait Islander? YES ☐ NO ☐

CONTACT INFORMATION

Phone Number: _____ Email: _____

Address: _____

INFORMATION PRIVACY

Are there any current Family Court Matters in relation to the client?

If yes, please send a copy of the order to ndia@domainhealth.com.au

CONTACT PERSON

Please name all relevant persons who may be present with client during therapy:

_____	_____
_____	_____

Services Requested

Please mark the services that apply

SPEECH PATHOLOGY

- ☐ AAC
- ☐ Aphasia
- ☐ Non-Verbal
- ☐ Social skills
- ☐ Speech sounds
- ☐ Understanding language
- ☐ Using Language/ talking
- ☐ Voice

FEEDING THERAPY

- ☐ No concerns
- ☐ Fussy eating
- ☐ Difficulty chewing
- ☐ Losing weight/ not gaining weight or growing
- ☐ Difficulties swallowing
- ☐ Difficulties weaning onto solids

OCCUPATIONAL THERAPY

- ☐ Sensory needs
- ☐ Motor skills
- ☐ Emotional regulation
- ☐ Mental Health
- ☐ Behavioural difficulties
- ☐ Functional assessment

ASSISTIVE TECHNOLOGY

- ☐ Wheeled mobility
- ☐ Complex seating/postures
- ☐ Seating/lounge aids
- ☐ Transfer equipment
- ☐ Bathroom equipment/aids
- ☐ Bedroom aids
- ☐ Kitchen/dining aids

HOME MODIFICATIONS

- ☐ Minor e.g grab rails, taps, fittings and fixtures, minor ramps and thresholds

OTHER

Please Advise: _____

Fee Schedule

SESSION TYPE	FEE P/ HOUR	WHAT THIS INCLUDES
Therapy Session at home/ school/kinder/childcare	\$185	50 mins of therapy activities with the participant and discussions with carers about strategies for home 10 mins therapy session notes/contact to other professionals related to clients care team/guardian updates if not present for session
Therapy Planning Time	\$185	60 mins of therapy planning activities for participant and guardian discussion about strategies for home
Non Therapy Time	\$185	60 mins of non therapy time dedicated to contact with other professionals related to clients care team/ guardian updates if not present for session, letters and phone calls to associated professionals and NDIS. Non therapy time may also be used to complete NDIS required compliance paperwork such as incident reports and risk assessments
Report for Plan Review/ Assessment Reports/ Letters	\$185 / hour	Comprehensive report documenting progress, barriers, goals/recommendations and recommended supports for next plan
Travel Time	\$185 / hour	<i>Travel- Individual prices may vary and are calculated per client.</i> Providers can claim up to 30 minutes travel each way at the hourly rate of the relevant support item to the participant e.g 10 minutes travel from office to the participant. As per the relevant support item, providers may also claim travel expenses eg. parking, if no free parking is available

I consent to the above pricing schedule: _____

Important Information

REPORTS

Please note that reports are not automatically written as part of an assessment or a session. If you would like a report or a letter, please discuss this with your therapist. Domain Health requires 4 weeks notice to complete a report.

CANCELLATION OF APPOINTMENTS

All cancellations must be received 48 hours before the appointment to not incur a cancellation fee. To cancel please call (03) 9510 6311. Late cancellations made following this time will incur 100% of the hourly fee.

If you fail to attend or cancel 3 appointments out of a block of 6 appointments then your therapist may discuss and review on-going appointments. This is particularly relevant for families who have secured in demand after school appointment slots.

LIMITATIONS

Please note our therapists work varying hours. Typically, our team will only respond/be available for contact during business hours. You can confirm with your clinician to note their working days.

IMPORTANT

We are not an emergency or crisis service, our team is not available for urgent or emergency care. If you suspect you are in need of urgent care please call 000

CONSENT INFORMATION

Domain Health needs to collect information about the participant for the primary purpose of providing a quality service to the participant. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you (the participant). If you do not provide this information; we may be unable to treat the participant. This information will also be used:

To ensure the process of quality treatment provision, information about the participant's assessment results and progress may be given to other relevant service providers or other professionals within the team, who are involved in the participant's management.

Disclosure of information to the participant's doctors, other health professionals or to teachers to facilitate communication and best possible care for the participant.

Domain Health has a Privacy Policy that is available on request. This policy provides guidelines on the collection, use, disclosure and security of the participant's information. The Privacy Policy contains information on how you may request access to, and correction of, the participant's personal information and how you may complain about a breach of the participant's privacy and how we will deal with such a complaint.

Important Information CONT.

Please list the names and contact details of the individuals involved in the participant's care. By providing the following details you are consenting to relevant information being shared. *If referring a client as a support coordinator, please place your details below.*

PROFESSIONAL/PERSON	NAME	CONTACT DETAILS
GP / Pediatrician		
Speech Pathologist		
Occupational Therapist		
Physiotherapist		
Ear, Nose, & Throat Specialist		
Psychologist		
Psychiatrist		
Support coordinator		
School/Kinder		
Child protection/child first services		
Other (please specify)		

CONSENT TO RECORD

Domain Health to make voice and video recordings of the participant to be used solely for the purpose of analysis and individual therapy planning (including social skills modelling)

CONSENT TO PHYSICAL GUIDANCE

Physical guidance contact between the participant and their treating therapist as necessary. I acknowledge that all care is taken whilst working with the participant however physical contact may be required for guidance during therapy sessions, and that such contact will only be used to ensure the best outcome for the participant. I understand physical guidance may involve hand-over-hand prompting, guiding the participant into a seated position etc.

I consent to the above information: _____