

Please complete the entire form to prevent any delays in processing

Referrer Information

Date of referral:		Person referring:	
Relationship to client:		Contact number:	
Email:			
Urgency of referral:	Immediate response / within ___ weeks / as time permits		

Client Information

Client name:		Client DOB:		
Gender:	Male / Female / non-binary	NDIS number:		
Client address:				
Accommodation type:	Private / Group Home / Other			
Client Email:		Client Phone:		
Carer name:		Carer number:		
Primary diagnoses:				
Has consent been obtained from the client/ person responsible?	Yes / No	Contact details of person responsible:	Name:	
			Phone:	
			Email/Postal	
Who is the best contact for appointments and how?				
Preferred location for appointments:	Home visit # / Clinic appointment (Beresfield) / School / Day Program			
Does the person have a Support Coordinator?	Yes / No	Contact details of SC:		
Funding for service:	Private / NDIS / FACS / other			
<i>For NDIS clients only:</i>	Plan dates: Budget (circle): Daily Living / Health & Wellbeing / Core Hours/dollars allocated:		Funds management: Self / Plan* / Agency	
<i>Who will sign the service agreement and how (e.g. post, email, in person)?</i>				
<i>* Please provide plan manager email address to send accounts:</i>				

Aim High Therapy is a registered NDIS provider

Phone: (02) 4048 0197

Email: admin@aimhightherapy.com.au

Fax: (02) 4017 0024

Web: aimhighnutrition.com.au

Reason for Referral (circle all that apply)

<p>Dietetics only:</p> <p>Underweight/overweight Enteral feed (unstable/standard) Wound healing Reflux/regurgitation/vomiting NDIS review Mealtime ax/training/plan Nutrient deficiency Dementia Restricted eating patterns Bowel issues Dysphagia-related nutrition concerns Staff training (specify):</p> <p>Other (detail):</p>	<p>Occupational therapy only:</p> <p>Equipment assessment and/or prescription including custom seating Functional capacity assessment Manual handling training and education Pressure care education and equipment Sensory assessment Meaningful/leisure activities Falls prevention Mealtime assessment (positioning, aids, training) Environmental assessment and home modifications Therapy and skill development (please specify):</p> <p>Other (detail):</p>
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Please scan & email to admin@aimhightherapy.com.au or fax to (02) 40170024

If a home visit is required/requested, please fill out the following safe-home visiting checklist:

Risk assessment	Yes / No	Comment/detail
Is there safe access to the home with all entries/walkways in good condition and free of trip and slip hazards?		
Are there stairs or ramps and are they in good condition?		
Are there animals present, what type and will they be secured?		
Are there any firearms in the home?		
Is there anyone with a history of aggressive or resistive behaviour (including due to cognitive impairment)?		
Is there anyone who has been exposed to or contracted an infectious disease such as chickenpox/shingles, gastroenteritis, cough/cold, COVID-19, Hepatitis A or B, measles, MRSA, whooping cough?		
Is there anything else we should know to keep our staff safe?		

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