

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 (tick):	Immediate response* / within ____ weeks / as time permits		

* Immediate response requests will be triaged by the Director and are not guaranteed. We may suggest another service or to seek medical treatment.

Client Information

Client name:		Client DOB:		
Gender:		NDIS number:		
Client address:				
Accommodation type:	Private / Group Home / Other			
Client Email:		Client Phone:		
Primary contact:		Primary contact number:		
Primary diagnoses:				
Has consent been obtained from the client/ person responsible?		Contact details of person responsible:	Name:	
			Relationship	
			Phone:	
			Email/Postal	
Who is the best contact for appointments and how?				
Preferred location for appointments:	Home visit #	Clinic appointment (Thornton)		
	School/Daycare	Day Program		
Does the person have a Support Coordinator?		Contact details of SC:		
Funding for service:				
NDIS Participants Only				
Plan Start/End Date:		Hours/\$ allocated	Hours/\$ allocated	
Budget:		Dietitian:	Allied Health Assistant (IDL only)	
Funds management Type:				
Plan Manager details				
Who will sign the service agreement and how (e.g. post, email, in person)?				

Aim High Therapy is a registered NDIS provider – Provider No. 4050082794

Phone: (02) 4048 0197

Fax: (02) 4017 0024

Email: admin@aimhightherapy.com.au

Web: aimhightherapy.com.au

Reason for Referral (check all that apply)

Dietitian Services: Underweight/overweight Enteral feed (unstable/standard) Wound healing/pressure areas Reflux/regurgitation/vomiting NDIS review Mealtime assessment/training/MMP Nutrient deficiency Dementia Restricted eating patterns or ARFID Bowel issues Dysphagia-related nutrition concerns	Group home menu development Staff training: - MMP IDDSI meal preparation Enteral feeding Enteral pump training Other:
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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?		

NB. It is the responsibility of the referrer to ensure we receive any information or instructions relating to safe home visiting PRIOR to the initial appointment so we can alert our staff.

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