RAR Therapy™
Making A Difference

T: 1800 REGIONAL (1800 734 466)
info@rartherapy.com.au
ABN 49 162 089 965

Referral Form

CLIENT DETAILS

Name of Client	
Date of Birth	
Gender	
Residential Address	
Phone Number	
Email Address for Correspondence	
Is the client of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

CLIENT REPRESENTATIVE DETAILS

Name of Client Representative	
Relationship to Client	
Phone Number	
Email Address	

SERVICE DELIVERY OPTIONS

☐ Face to Face ☐ Telehealth (eg Zoom, WhatsApp, etc) ☐ Combination of both Face to Face and Telehealth	**FOR TELEHEALTH OPTIONS:** Please list the available IT Equipment that the client has access to (eg Ipad, tablet, laptop, smart phone, etc)

REQUEST FOR SERVICES

PLEASE INDICATE PRACTITIONER REQUIRED:

- O Occupational Therapist
- O Physiotherapist
- O Psychologist (additional Form required to be completed for Psychology Requests)
- O Behaviour Support Practitioner
- O Speech Pathologist
- O Allied Health Assistant

PLEASE INDICATE SERVICES REQUIRED:

- ☐ Functional Needs Assessment (FNA)
- ☐ Assistive Technology Request
- ☐ Home Modification Assessment
- ☐ Therapy Sessions
  - o Weekly
  - o Fortnightly
  - o Monthly
- ☐ Equipment Trials and Recommendations
- ☐ Other (please provide details)
- ☐ Behaviour Support Plan
- ☐ Informal Assessment (observations)
- ☐ Formal Assessment (using standardised tools where clinically indicated)
- ☐ Comprehensive Report
- ☐ Summary Report
- ☐ Parent / Teacher Education

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PAYMENT OF SERVICES

NDIS Funding	Private	Other Funding Sources:
☐ NDIA Managed	☐ Private Health Insurance	☐ Burdekin Community Association
☐ Plan Managed	☐ Medicare Referral	☐ Bur-Del
☐ Self Managed	☐ Private Client	☐ Other (eg My Aged Care - please provide details)

MEDICAL INFORMATION

Medical diagnosis and important medical information

BEHAVIOUR / ENVIRONMENT INFORMATION

Are there any **significant behaviours** or **environment concerns** for the Therapist to be aware of before completing a Home visit? (If YES, provide details)

☐ Yes
☐ No

NDIS INFORMATION (NDIS Clients Only)

NDIS Number	
NDIS Plan Start Date	
NDIS Plan End Date	
Support Co-Ordinator Name and Contact Details	
If Plan Managed – Name of Plan Manager and the email address for invoices	

- **Please forward a copy of the current NDIS Plan with this Referral**

SUBMITTING YOUR REFERRAL

- Please email this Referral Form to info@rartherapy.com.au or post to RAR Therapy Services, PO Box 2350, Ayr Qld 4807
- Please forward any relevant Allied Health Reports / Assessments to assist with this Referral (eg Speech Pathologist, Physiotherapist, Psychiatrist, Positive Behaviour Support Plans, etc)
- For further queries contact us on 1800 734 466 (1800 REGIONAL) or email us at info@rartherapy.com.au

Thank you for selecting RAR Therapy Services. We look forward to working with you.

RAR THERAPY – Making a Difference