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| **Participant Details** | | | | |
| Name: |  | | Date of Birth: |  |
| Email: |  | | Phone: |  |
| Address: |  | | | |
| Have you used Enhance before? | | Yes (Re-referral)  No  Yes (More than 2 years ago) | | |
| Do you use other DSA services? | | Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | |
| Primary Disability: | |  | | |
| Mental Health Diagnosis: | |  | | |

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| **What is the reason for referral?** (Briefly describe reason and other important information) |
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| **Person Making the Referral** | | | |
| Name: |  | Organisation: |  |
| Phone: |  | Relationship with Participant: |  |
| Email: |  | | |

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| **Key Decision Maker of the NDIS Plan** | | | |
| Name: |  | Interpreter Required? | Yes  No |
| Phone: |  | If Yes, specify language: | |
| Email: |  | | |

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| **Next Point of Contact** | Participant  Person Making Referral  Key Decision Maker Maker |

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| **NDIS Plan Details** | | | |
| NDIS Plan Number: |  | Plan Start Date: |  |
| Plan Attached? | Yes  No | Plan End Date: |  |
| How will funds be claimed in the NDIS plan?  Direct Claim via NDIS portal | | | |
| Plan Managed, details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Self-Managed, details: | | | |

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| **Types of Delivery that Enhance Offer** | |
| Outreach | Clinician travelling to a suitable location of participant’s choice, within 30 minutes travel from one of our clinics. This may be the family home, school, day program or workplace etc. This incurs a travel charge of 30 minutes per appointment. |
| Clinic | Participant attending appointment at one of the Enhance clinics. |
| Telehealth | Service completed via video-conferencing or phone call. |

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| **Behaviour Support Intervention and Training (Improved Relationships: Item Numbers 11022 & 11023)** | | | | | |
| Amount allocated to Enhance: | | Item 11022 | $ | Item 11023 | $ |
| Tick all that apply:  1 behaviour of concern only  2 to 3 behaviours of concern  Behaviour(s) occur in 1 setting only  Behaviour(s) occur in 2 to 3 settings  There is a previous Behaviour Support Plan  There are or may be Restrictive Practices, if  checked, how many? | | Other Important Information: | | | |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telehealth | | | | |

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| **Speech Pathology Assessment and Therapy (Improved Daily Living: Item Number 15056)** | | |
| Amount allocated to Enhance: | | $ |
| Tick all assessments wanted:  Communication assessment & report (Min 10 hrs)  Oral eating & drinking care plan (OEDCP) / Mealtime assessment (Min 10 hrs, 15 hrs for new / complex) | | |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic, choose:  Kingsgrove  Mascot  Campbelltown  Moss Vale  Telehealth | |
| Tick all that apply:  Speech therapy | | |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic, choose:  Kingsgrove  Mascot  Campbelltown  Telehealth | |
| Frequency: | Weekly  Fortnightly  Monthly  Other, specify: | |

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| **Occupational Therapy Assessment & Therapy (Improved Daily Living: Item Number 15056)** | | |
| Amount allocated to Enhance: | | $ |
| Tick all assessments wanted:  Functional (10 hrs)  Home and community safety (10 hrs)  Activity of daily living (Min 10 hrs)  Seating / Pressure care (12 hrs)  Powered mobility (Min 12 hrs) | | Assistive technology (Min 12 hrs)  Home modifications (Min 10 hrs)  Housing support (SDA & SIL) (25 hrs)  Sensory (10 hrs) |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic, choose:  Kingsgrove  Mascot  Campbelltown  Moss Vale  Telehealth | |
| Tick all that apply:  Therapy (manual handling, falls prevention, upper limb therapy (10 hrs)  Sensory Therapy | | |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic, choose:  Kingsgrove  Mascot  Campbelltown  Moss Vale  Telehealth | |
| Frequency: | Weekly  Fortnightly  Monthly  Other, specify: | |

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| **Psychology Assessment & Therapy (Improved Daily Living: Item Number 15054)** | | |
| Amount allocated to Enhance: | | $ |
| Tick all assessments wanted:  Cognitive assessment & report (Min 10 hrs)  Housing / service needs assessment (10 – 15 hrs)  Finding and keeping a job – Employment related assessment  Other, specify: | | |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic, choose:  Kingsgrove  Mascot  Campbelltown  Moss Vale  Telehealth | |
| Tick all that apply:  Therapy (Understanding emotions, therapy, counselling and skill development)  Finding and keeping a job – Employment related counselling | | |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic, choose:  Kingsgrove  Mascot  Campbelltown  Moss Vale  Telehealth | |
| Frequency: | Weekly  Fortnightly  Monthly  Other, specify: | |

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| **Registered Nurse Assessment & Support (Improved Daily Living: Item Number 15036)** | | |
| Amount allocated to Enhance: | | $ |
| Tick all that apply (Each 10 – 12 hours):  Epilepsy management plan  Pressure care plan  Non-invasive respiratory support e.g. CPAP  Urinary catheter support  Bowel care plan (Required for PRN medication) | | Tick all that apply (Each 15 hours):  Enteral feeding e.g. PEG  Diabetes plan  Health & wellbeing management plan (8 hrs) |
| Type of Delivery: | Outreach (Incurs travel charges), specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telehealth | |

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| **Referral Process** | |
| Step 1: | Send completed referral form and a copy of the NDIS goals and funds available in the requested categories to referrals@ehs.org.au |
| Step 2: | Intake coordinator will send you a Customer Service Plan (CSP), consent forms (and DSA Service Agreement unless already completed). These need to be signed and returned as per NDIS requirements. |
| Step 3: | Once all signed and sent back, funds are then confirmed with the funding entity. Once confirmed, the referral process will be considered complete. |
| The Enhance wait list for clinical services varies and we will do our best to keep you informed. | |