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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.  |