Pacific Health & WELLBEING

# REQUEST FOR SERVICE



## SERVICE REQUESTED

☑ Speech Pathology

## REFERRER INFORMATION

Referrer Name: _____ Organisation: _____

Phone Number: _____ Email: _____

Relationship to Participant: _____

## CLIENT INFORMATION

Client Name: _____ Preferred Name: _____

Date of Birth: _____ Address: _____

Email: _____ Contact Number: _____

Cultural Identity: _____ Primary Language: _____

Know Risks for Home Visit:

Primary Diagnosis:

Representative/Guardian: ☐ Office of Public Guardian (OPG) ☐ Department of Child Safety (DoCS)

## APPOINTMENT CONTACT (IF NOT THE SAME AS ABOVE)

Name of Contact: _____ Contact Number: _____

Relationship to Participant: _____

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## NDIS INFORMATION

NDIS Number: NDIS Plan Dates:

Support Coordinator (if not referrer):

Email: Contact Number:

Plan Management: ☐ Agency Managed ☐ Plan Managed ☐ Self-Managed

NDIS Plan Nominee: Plan Manager Name:

Email (for invoices): Contact Number:

## OVERVIEW OF REQUEST

Does the clinician need to liaise with any stakeholders prior to the initial assessment? (e.g. SC/Family/Nominee)

☐ Yes ☐ No

*This may be beneficial for participants with complex care and social needs.

Name and Contact Details of Stakeholder to be Contacted:

## REQUEST

☐ Report ☐ Ongoing ☐ Both

Type of Report (if known):

Description of Request:

If ongoing, what is the desired frequency (e.g. weekly, fortnightly, monthly)?

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*This information supports therapy planning and continuity of services. Without this information, access to ongoing therapy may be impacted.

## PARTICIPANT GOALS

Are there reports available that could be shared to assist in the assessment process? Please attach these reports if yes. ☐ Yes ☐ No

## AVAILABILITY

Please mark **UNAVAILABILITY** only

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| AM (8am - 12pm) | ☐ | ☐ | ☐ | ☐ | ☐ |
| PM (12pm - 4pm) | ☐ | ☐ | ☐ | ☐ | ☐ |

If information does not fit in boxes, please add to the referral email.

Thank you for completing our referral form. Please return this form to admin@pacifichw.com.au. If you have any concerns or queries, please call our friendly Client Liaison team at (07) 3267 3287.

Please note incomplete or missing information will delay your participant's addition to our waitlist.