



# NDIS Referral Form – Myrtle Oak Clinic

Thank you for taking the time to complete this form. The details provided on this form will assist us to prepare a Service Agreement and allocate the most suitable dietitian. Please forward a copy of the current NDIS goals with this form to [admin@myrtleoakclinic.com.au](mailto:admin@myrtleoakclinic.com.au)

**Participant Name**

**Date of Birth**

**Address:**

**Suburb:**

**State:**

**Postcode:**

**Phone:**

**Email:**

## Plan Information

Plan Number:  Plan Start Date:  Plan End Date:

**Which plan component are you wishing to claim funds from?**

### Capacity Building

- Improved Daily Living (Dietitian) – Over 9 yrs
- Improved Daily Living (Psychologist)– Over 9 yrs
- Improved Health and Wellbeing (Dietitian)
- Improved Daily Living – Younger than 9 yrs

### Core Supports

- Assistance with Daily Life – Older than 9 yrs
- Assistance with daily life – Younger than 9 yrs

**Total Funding Allocation:**

If you are unsure how much funding you need please contact your support coordinator to confirm funding available or contact our office and we can provide an estimate of what is needed for services.

### Funding Periods (As Specified In Your NDIS plan)

Please complete the table below based on the funding periods outlined in your NDIS plan. This helps us plan your service schedule and ensures your dietetic care is delivered within your allocated budget. If you are unsure about your funding periods, please refer to your NDIS plan or ask your support coordinator or plan manager.

Funding Period (DD/MM/YY to DD/MM/YY)	Months	Funding amount allocated to dietetics/psychology (\$)	Hours

**How do you manage the plan?**

- Self Managed (pay cash, EFT or invoice)
- Plan Managed
- Agency Managed (Dietitian services only)

Name of Plan Manager:

Organisation:  Email invoice to:

Contact Number:



Where would you like services provided? (Please note that where safety is a concern clinic visits are required).

Clinic Tuggerah  Clinic Broadmeadow  Telehealth  Home visit

Is this accommodation a Group Home/SIL?  Yes  No

Reason for seeing the Dietitian/Psychologist:

Is this person fed via a PEG?  Yes  No

### Risk Assessment

Safety Questions. Where a safety risk may be present, we may limit services to clinic-based services only.

Is this participant in control of their behaviour at all times  Yes  No

Does this participant use recreational drugs in the home  Yes  No

Does this participant have a history of violence or aggression  Yes  No

Will a Support Worker or other representative be present during all visits?  Yes  No

Please provide any other information you think we may need in relation to safety or visits here:

### Parent/Guardian/Carer

Full name:

Relationship:

Phone:

Email:

### Full Support Co-ordinator name:

Full name:

Relationship:

Phone:

Email:

Who provides consent for this Participant?

Participant  Parent / Guardian  Other

Full name:

Phone:

Relationship to participant:

Email:



### Who shall we contact to book the appointment?

Full name:

Phone:

Relationship to participant:

Email:

### Details of current plan

Is there anything else you feel we should know before booking the first appointment?  Yes  No If yes, list below:

Please forward a copy of the current NDIS goals with this form to [admin@myrtleoakclinic.com.au](mailto:admin@myrtleoakclinic.com.au)

We will prepare a service agreement and contact you to schedule the first appointment with the Dietitian.

### How did you find out about our services?

Internet

Friend

Word of mouth

Disability event / exhibition

Support coordinator

Other NDIS provider:

Other:

Phone: (02) 43 623 443 Fax: (02) 43 622 998

Email: [admin@myrtleoakclinic.com.au](mailto:admin@myrtleoakclinic.com.au)

For more information please visit [www.myrtleoakclinic.com.au](http://www.myrtleoakclinic.com.au)