



CLIENT DETAILS

Date					
First name					
Last name					
Client D.O.B.					
Gender	Female Other:	Male	Non-binary	Pronouns	She/Her Other:
Contact person				Phone number	
Email address					
Home address					

REFERRER

Name				
Relationship to client	Support Coordinator	Healthcare Provider	Family	Other, please detail:
Organisation		Phone Number		
Email Address				

INITIAL CONSENT

SinaOT may need to contact the person listed above to better understand the client’s circumstances and to ensure that the client is connected to the supports that best meets their needs. Does the client approve this?

Yes No

FUNDING

NDIS number		Contact person		
Plan start date		Plan finish date		
Plan type	Self managed	Plan managed	Agency managed	Other: please detail:
Accounts email				

If you feel comfortable, **please attach the NDIS plan or extract that includes client goals.** This is a quick way to get the Occupational Therapist up to speed on your situation, goals and ensure you have the correct funding to commence services. However, this is completely optional and you can choose to convey the relevant information in any format you prefer.



DISABILITY TYPE

Neurological	
Psychosocial	
ABI/Spinal	
Other	

SAFETY

Safety concerns related to the client's behaviour or home	No	Yes – please detail:

SERVICE REQUIRED

Please select all that apply	
Functional Care Needs	Assistive Technology
Home Modification	SDA/SIL Assessment
NDIS Access Assessment	Building Access Assessment
Other – please detail:	

WHAT TO EXPECT

1. Complete the referral form and service agreement for an initial assessment which can take between 3-5 hours, including travel, charged at the relevant NDIS hourly rate (see below). Then book in with the Occupational Therapist.
2. An initial assessment includes an introduction to Occupational Therapy services and a review of the client's current abilities and challenges. The OT will discuss physical, cognitive and emotional barriers to participation in meaningful activity and assist in prioritising needs/goals. (You may have already identified your goals prior to the assessments)

FEE SCHEDULE

ITEM NUMBER	ITEM NAME & NOTES	UNIT	METRO/REGIONAL (MM1-MM5)	REMOTE (MM6)	VERY REMOTE (MM7)
15_617_0128_1_3	Capacity Building - Improved Daily Living	HOUR	\$193.99	\$271.59	\$290.99
01_741_0128_1_3	Core Support - Assistance with daily life <i>Note: client required to have NDIS approval to use this</i>	HOUR	\$193.99	\$271.59	\$290.99

Travel: Therapy travel will be charged at the NDIS rate of \$193.99 per hour to 30 minutes in MM1-3 each way in the metropolitan area, and for up to 60 minutes each way in MM4-5 regional areas if it is the last appointment or the only appointment.

To check your Modified Monash (MM) zoning, please see the Australian Government locator resource:

<https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app>

OTHER

If there is anything else you believe the Occupational Therapist should know, please detail it here.
