

Referral Form



1. Client/Participant Details:		Referral Date:	
Name:		Date of Birth:	
Funding Source:	<input type="checkbox"/> NDIS <input type="checkbox"/> TIO <input type="checkbox"/> Other	Client Ref #:	<input type="checkbox"/> N/A
Plan Start Date	<input type="checkbox"/> N/A	Plan End Date	<input type="checkbox"/> N/A
Country of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:		Phone:	
Address:		Contact Person:	
Cultural:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Communication	<input type="checkbox"/> Spoken <input type="checkbox"/> Other e.g. communication aid / device <input type="checkbox"/> Little or No Effective Communication		
Interpreter:	<input type="checkbox"/> Yes (incl. sign language) <input type="checkbox"/> No	If yes, what language?	
2. Guardian Details:			
Name:		Organisation:	<input type="checkbox"/> N/A
Address:		Phone:	
Email:		Phone (alternate):	
Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Public Guardian <input type="checkbox"/> Other		
3. Referrer Details:			
Name:		Organisation:	
Address:		Phone:	
Email:		Phone (alternate):	
4. Consent (an AT LAB Consent Form must be signed prior to (or during) the initial appointment):			
Has verbal consent been obtained from the client/guardian to send this referral and supporting documentation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Medical Details:			
Diagnosis			
Medical History:			

Supporting Documents:	<input type="checkbox"/> Reports	<input type="checkbox"/> Pressure Risk Ax	<input type="checkbox"/> Photos (client/equipment)
	<input type="checkbox"/> MAT Ax	<input type="checkbox"/> Body Measurements	<input type="checkbox"/> NDIS Plan

6. Requested Supports: Please describe client's goals and the supports and being requested

Email referral with supporting documentation ie assessment, reports, photographs to:

therapy@atlab.com.au

To discuss the referral process in more detail or if it can't be emailed please contact AT LAB on 0410 544 731 to make alternative arrangements.