

**RETURNING THIS FORM**

Complete the required fields (\*) and any applicable sections, save, then email to [referrals@dailydoing.com.au](mailto:referrals@dailydoing.com.au).

**1 Participant information**

About the person being referred.

**First name \*****Last name \*****Date of birth** (DD / MM / YYYY)**Phone number \*****Email address** — for scheduling & correspondence**Residential address** — include suburb & postcode**Disability / condition****Relevant medical history** — diagnoses, medications, precautions**Reason for referral \*** — what you hope OT can assist with**2 Support person / next of kin**

Optional — add a carer, guardian or next of kin.

**Full name****Relationship to client****Phone number****Email address**

### 3 Funding information

Tick the funding option that applies.

Funding type \*

NDIS — Self Managed

NDIS — Plan Managed

Private Payment

Only complete the NDIS details below if NDIS funding applies.

NDIS number

Allocated OT hours (if known)

Plan start date (DD / MM / YYYY)

Plan end date (DD / MM / YYYY)

Plan manager name — if Plan Managed

Plan manager email — if Plan Managed

### 4 Referrer information

Optional — skip if the participant is self-referring.

Referrer name \*

Relationship to client \*

Referrer phone \*

Referrer email

### 5 Risk assessment

We visit clients at home — tick any that apply.

Aggressive or challenging behaviour

Drug or alcohol use in the household

Weapons present in the household

Dogs or animals that may pose a risk

Infectious disease or contamination risk

Hoarding or cluttered environment

Smoking in the property

Family violence concerns

Other (please specify in section 6)

### 6 Additional information

Optional — anything else that will help us prepare.

Any further information important to note — interpreter, preferred contact times, access requirements

#### Privacy & consent

The information collected on this form is used solely to coordinate Occupational Therapy services. It is held securely and in accordance with the Privacy Act 1988 (Cth). You may request access at any time.

**Return completed form to [referrals@dailydoing.com.au](mailto:referrals@dailydoing.com.au)**

Once we receive your referral, we'll be in touch shortly.