

## New Client Form

# Occupational Therapy

**M:** 0405 886 039

E: [admin@handledtherapy.com.au](mailto:admin@handledtherapy.com.au)

**W:** [www.handledtherapy.com.au](http://www.handledtherapy.com.au)

ARN: 79 669 636 506

CLIENT DETAILS						
Name:						
Phone:			Date of birth:			
Address:						
Email:			Primary Diagnosis:			
Funding (circle):	NDIS	Self	DVA	EPC	Workcover.	Claim no:
	Private health:					Other:

Carer/ Contact Name:	Phone:
Email:	

REFERRER DETAILS	
Name:	Phone:
Email:	
Relationship to client:	
Provider number (if applicable):	

NDIS PLAN DETAILS		
NDIS Number:		NDIS Plan Dates:
How is the plan managed? <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self Managed		Support coordinator: Ph:
Invoice details:		
Plan Manager Email:		
NDIS Plan: <b>Please attach current NDIS plan and/or outline current goals:</b>		
<b>Purpose of Referral (circle those that apply):</b> <div> <div>Functional Capacity Assessment</div> <div>Assistive Technology and/or Equipment Prescription</div> <div>Minor Home modifications</div> </div> <div> <div>Supported Living Options Assessment</div> <div>Independent Living Options Assessment</div> <div>Specialised Disability Accommodation</div> </div>		
Other/unsure (please specify): _____		

Thank you for choosing Handled. Please forward the completed referral form to [admin@handledtherapy.com.au](mailto:admin@handledtherapy.com.au)

**FOR ALL APPOINTMENTS CONTACT: 0405 886 039**

