

NDIS Referral Form – Optimum Intake Dietitians.

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 NDIS@optimumintake.com.au.

Participant Name

Date of Birth

Address:

Suburb:

State:

Postcode:

Phone:

Email:

Plan Information

Plan Number:

Plan Start Date:

Plan End Date:

Which section of the plan are you wishing to claim funds from?

Improved Daily Living Skills (Capacity Building)

Health and Wellbeing (Capacity Building)

Daily Activities (Core Supports)

How many hours would you like to set aside?

How do you manage the plan? (and how do you arrange payment for services)

Self Managed (pay cash, EFT or invoice)

Agency Managed (Portal)

Plan Managed

Name of Plan Manager:

Organisation:

Email invoice to:

Contact Number:

Have you added Optimum Intake as a My Provider in your NDIS plan (for plan or agency managed participants only)?

Yes No – This will need to be completed prior to commencing services. If you are unsure how to do this, please see our attached resource.

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

Clinic Tuggerah, Broadmeadow, Port Stephens

Home visit

Is this accommodation a Group Home/SIL? Yes No

Reason for seeing the Dietitian:

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 NDIS@optimumintake.com.au

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