

Optimum Intake Dietitians Referral Form - Third Party

Client Name	Date of Birth
Address:	
Phone:	Emergency Contact:
Emergency Contact Mobile:	Relationship to Client:
Who shall we contact to book appointment?	,
Name:	Relationship to Client:
Phone:	Email:
Case Manager	
Case Manager Name:	Organisation and Role
Case Manager Phone:	Case Manager Email:
Main reason for referral to Dietitian:	
Invoicing Details:	
Which office/department/organisation is responsible for pa Organisation:	ayment of services?: Claim Number:
Approval Number (if relevant):	Invoices to be sent to email:

Initial Assessment:

The initial evaluation enables the clinician to conduct a comprehensive assessment, engage in goal discussions, and establish a future plan. Following the initial assessment, a report outlining suggested interventions and associated costs will be sent to you for your review. We will not proceed with any additional services until we receive your written approval, which you can provide by signing the final page of the report.

Initial Assessment and Report: Clinic Visit: \$405 Home Visit: \$485 (includes travel**)		
Do you require a formal quote on letterhead before proceeding with the initial appointment?		
Yes No		
Does this person have a GP referral? 🗌 Yes 📄 No		
If so, do they also have a care plan (Chronic Disease Management Plan, Mental Heatlh Care Plan or		
Eating Disorder Plan)		
Does this client have an NDIS Plan?: Yes No		
Any additional information to assist with proceeding with assessment and /or		

*Service Fee as of July 2024 - subject to change as required.

NOTE - these fees are provided for informaion purposes only. Subsequent sessions following the initial assessment will be detailed and costed in the initial report, and further services will not be provided until signed approval received.

Clinic Based Initial Assessment: \$405 (includes report)

treatment? Any safety issues present?

Home Visit Initial Assessment: \$485 (includes report and includes travel charge*)

*Extra travel fee may apply if travel is more than 30mins each way.

Please note: 48hrs notice is required for any cancellations, otherwise full fee is charged.

Form Completed by:	NAME:	
	POSITION:	
	ORGANISATION:	
	PHONE:	
	EMAIL:	
	DATE:	

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Thank you for your referral. We will contact the client to schedule their initial appointment.

Our Dietitians take a collaborative, holistic and personalised approach to support your clients to have more good days.

Optimum Intake focus on mind, body, and social connectedness to determine what is important to your clients which will assist in developing person-centred goals to maximise their independence and autonomy.

We look forward to supporting your clients.

