

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 plan component are you wishing to claim funds from?

Capacity Building

- Improved Daily Living – Over 9 yrs Improved Daily Living – Younger than 9 yrs
 Improved Health and Wellbeing

Core Supports

- Assistance with Daily Life – Older than 9 yrs Assistance with daily life – Younger than 9 yrs

Total Funding Allocation:

Funding Periods (As Specified In Your NDIS plan)

Please complete the table below based on the funding periods outlined in your NDIS plan. This helps us plan your service schedule and ensures your dietetic care is delivered within your allocated budget. If you are unsure about your funding periods, please refer to your NDIS plan or ask your support coordinator or plan manager.

Funding Period	Months	Funding amount allocated to dietetics (\$)	Hours
(DD/MM/YY to DD/MM/YY)			

How do you manage the plan?

- 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? (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 Clinic Broadmeadow Telehealth 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.

How did you find out about our services?

Internet

Friend

Word of mouth

Disability event / exhibition

Support coordinator

Other NDIS provider:

Other: