**Mind and Body (NDIS Capacity Building) Referral**

**Date: / /**

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| --- | --- | --- | --- |
| **Full Name:** |  | **NDIS Number:** |  |
| **Pronoun:**  |  | **Plan Management Type:** NDIA, Self or Plan Managed(if Plan or Self managed please provide details)  |  |
| **Date of Birth:** |  |
| **Participant Address:** |  |
| **Plan Start Date:** |  | **Plan End Date:** |  |
| **Contact Details to Arrange Assessment?** (Participant, Plan Nominee, NOK, or Service Provider) **Include Name, phone number and email:** |  | **Support Coordinator Contact Details:** |  |
| **Ethnicity:** |  | **Urgency, if urgent please provide details**  |  |

**Capacity Building Support/s Required?** If you have a preferred clinician please highlight, if referring to one or multiple supports please allocate hours accordingly next to each line item.

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| Item Number  | Item Name and Clinician Options  | Rate (STD TAS) | Hours / Funding  |
| 15\_617\_0128\_1\_3 | Assessment Recommendation Therapy or Training - Occupational Therapist**Prathip Devaraj – 14 yrs and over –** Specialty area MH (Forensic)**Ranjini Radhakrishnan – 14 yrs and over -** Specialty area MH (Rehab/Cognitive)**Praveen Jayachandren –** Specialty area Neurological Conditions, Cognitive Rehab and Hand Therapy (including Splinting)**Sarah Langsford (Launceston Based)** - **14 yrs and over -** Specialty area Neurodiverse and MH  | $193.99 |  |
| 15\_055\_0128\_1\_3 | Assessment Recommendation Therapy or Training – Physiotherapist**Jayne Grubits-King – 16 yrs and over****Georgie Palmer (Special interest in Pelvic Health)****Abhishek Kumar Singh – all age groups** | $224.62 |  |
| 15\_054\_0128\_1\_3 | Psychology – Assessment, recommendation, Therapy or Training**Tracey Spencer- Lloyd, Telehealth -** Therapeutic sessions  | $244.22 |  |
| 15\_622\_0128\_1\_3 | Assessment Recommendation Therapy or Training - Speech Pathologist**Rachael Stocks –** waitlist | $193.99 |  |
| 12\_025\_0128\_3\_3or15\_062\_0128\_3\_3 | Dietician Consultation and Diet Plan Development **Erica Cunningham (Maternity Leave)** Focus area Children and Peg Participants  | $193.99 |  |
| CB Daily OrCORE if applicable  | **Continence Assessments (participants need to be 5 or over)****Sophie Hill**Minimum of 8 hours required for a comprehensive assessment and recommendations  | $138.60 |  |

**Medical History and Primary Disability:**

**Social/Home situation:**

**Current services (Including other Allied Health professionals):**

**Reason for referral:**

**NDIS Goals:**

1.

2.

3.

**Recommendations are required by …………………….,**

**Consent:**

**I ………………………………… consent for this referral to be sent and for relevant reports, history and information be shared with ELPE Health.**

**Participant or Participant's representative Name: (please print)**

**Signature:** **Date: / /**

**Please provide as much detail as possible in the referral, more information will assist the clinical team to triage and assess the urgency.**

**It would be beneficial if previous reports could be forwarded when consent to share has been obtained.**

**ELPE Health will advise if a referral is declined otherwise referrals will be added to our waitlist and actioned when possible. Admin will confirm when intake is scheduled; recommendations won’t be provided by your above-mentioned request date if an intake hasn’t taken place.**