

Disability Services Referral Form



***Please complete all fields with red asterisk for the referral to be accepted.**

Please email completed Referral Form to CustomerCare@benevolent.org.au

<input type="checkbox"/> Behaviour Support	Please also complete the Behaviour Support section on page 2	<input type="checkbox"/> Occupational Therapy	Please also complete the Occupational Therapy section on page 3	<input type="checkbox"/> Speech Pathology	Please also complete the Speech Pathology section on pages 3 & 4
<input type="checkbox"/> Psychology		<input type="checkbox"/> Driving Assessment (Hunter + Gosford only)		<input type="checkbox"/> Dietetics	
<input type="checkbox"/> Physiotherapy		<input type="checkbox"/> Support Coordination		<input type="checkbox"/> Music Therapy	
<input type="checkbox"/> Allied Health Assistance / Therapy Assistant L2					
SA Only Services:					
<input type="checkbox"/> School Holiday Programs		<input type="checkbox"/> Self-Skills Development Program		<input type="checkbox"/> Social Programs	
<input type="checkbox"/> The LAB Program		<input type="checkbox"/> Kindergarten / School Readiness Program		<input type="checkbox"/> What's the Buzz	
*Preferred Method of Service Delivery:					
<input type="checkbox"/> At home, in school or in the community		<input type="checkbox"/> At The Benevolent Society office / clinic		<input type="checkbox"/> Telehealth	
CLIENT					
*Name			*Date of Birth		
*Gender		<input type="radio"/> Male	<input type="radio"/> Female	Age	
Telephone			Email		
*Address					
*Diagnosis					
*Name of best person to contact			*Contact Number		
*NDIS / DSOA / Private/ Medicare <i>(please provide NDIS number if applicable)</i>					
*Plan Start Date <i>(please attach NDIS Plan)</i>			*Plan End Date		
*How is the Plan managed					
<input type="radio"/> NDIA Managed <input type="radio"/> Self Managed <input type="radio"/> Other: _____ <input type="radio"/> Plan Managed PM Details: _____					
CLIENT'S CONSENTER/CARER/GUARDIAN					
*Name			*Relationship to client		
Address					
*Telephone			*Email		
CLIENT'S ADDITIONAL INFORMATION					
*High Risk/s (Risk to self or others)					
TBS staff: please also complete checklist if client is high risk		<input type="radio"/> Yes	If Yes, please advise details of risks (severity & frequency) in the Referral Information section on page 2		<input type="radio"/> No
Aboriginal or Torres Strait Islander			<input type="radio"/> Yes	<input type="radio"/> No	
Country of Birth			Ethnicity		
Language spoken at home			Interpreter required?		<input type="radio"/> Yes <input type="radio"/> No
Living Arrangement <i>(Group Home, Support Accommodation, Independently or with family)</i>					

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*Consent for Referral	<input type="radio"/> Yes	<input type="radio"/> No
*Consent to receive marketing material from The Benevolent Society	<input type="radio"/> Yes	<input type="radio"/> No
*Consent to participate in survey from The Benevolent Society	<input type="radio"/> Yes	<input type="radio"/> No
For details on how we store and use the personal information you provide to The Benevolent Society, please download our easy read Privacy Collection Notice and Privacy Policy from our website at https://www.benevolent.org.au/about-us/legal-and-privacy-policy , or call us on 1800 236 762 to discuss further.		
*Consenter's Name	*Date of Consent	
Name of the Referrer:		
Position	Telephone/Mobile	
Email Address		
Organisation	Date of Referral	
Referral Information : (Please explain the goals to be achieved, and outline any background information relevant to the referral)		
For Behaviour Support referrals:		
*Is there Improved Relationships funding in the NDIS plan?	<input type="radio"/> Yes	<input type="radio"/> No
*Is there an existing Behaviour Support Plan in place?	<input type="radio"/> Yes	<input type="radio"/> No
*Is there any medication prescribed or given?	<input type="radio"/> Yes	<input type="radio"/> No
*Are there any restrictions being used that we can assist support with?	<input type="radio"/> Yes	<input type="radio"/> No
*If Yes (please identify):		
<input type="checkbox"/> Secluded in a location		
<input type="checkbox"/> Physically restrained		
<input type="checkbox"/> Use of a device to restrict movement		
<input type="checkbox"/> Restrictions to accessing an item, an activity or the environment		

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For Occupational Therapy referrals:

***I would like to discuss about:**

- Basic equipment prescription
 - Assessment of Low-mid cost/complexity items e.g., chair raisers, toilet/showering aids, bed sticks, high-back chairs, basic wheelchairs, includes supporting letters
- Complex equipment prescription
 - Complex posture positioning; Wheelchair prescription and complex seating, high-cost equipment, powered equipment, hoists. Includes reports or supporting letters
- Functional (living skills) assessment and intervention
 - Assessment of independent living skills, complete functional skills report to the NDIS, recommend interventions to build capacity or accommodate limitations
 - Assessment of, and intervention in (daily routines) toileting, dressing, sleep hygiene etc. Including reports
- Sensory assessment and intervention
 - Assessment of sensory processing and provide therapy recommendations for accommodating sensory needs and intervention strategies. Including reports
- Paediatric assessment and intervention
 - Assessment of child development and provide therapy recommendations and intervention strategies, including reports
 - Assessment of, and intervention in (daily routines) toileting, dressing, sleep, hygiene, etc., including reports
 - Fine and gross motor skill development
- Home assessment and non-structural home modifications
 - Assessment of home access, safe mobilisation and function within the home, possible equipment or basic-moderate (under level 3) home modifications
- Unsure - see details below:
Click or tap here to enter text.

For Speech Pathology referrals:

***I would like to discuss about:**

- Communication assessment of speech, language and literacy
 - Assessment and provide therapy recommendations and intervention strategies. Including reports
- Communication assessment and intervention
 - Develop expressive and/or receptive communication skills
 - Implementation of Alternative Communication strategies
 - Social skill development / play skills

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AAC assessment and intervention using AAC

- Completing assessment, AAC trials, report writing and equipment prescription
- Intervention to support developing skills in using AAC

Eating and Drinking / Feeding Disorder assessment and Mealtime Management Plan development

- Conduct mealtime assessment, write swallowing assessment reports and adult mealtime management plan
- Intervention for children with swallowing difficulties and/or are fussy eaters

Unsure - see details below:

Click or tap here to enter text.