

New Client Enquiry Form
Community-based Physiotherapy & Occupational Therapy



Date:	
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CLIENT DETAILS			
Name (optional)		Date of birth / approx. age	
Address / Suburb			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:		
Funding	<input type="checkbox"/> NDIS <input type="checkbox"/> MyAged Care / HCP <input type="checkbox"/> Private / Self-Funded <input type="checkbox"/> Other:		

REFERRER DETAILS			
<input type="checkbox"/> I am referring myself (proceed to next section)			
Name		Organisation	
Role	<input type="checkbox"/> Support Coordinator <input type="checkbox"/> Case Manager <input type="checkbox"/> GP <input type="checkbox"/> Other Health professional* <input type="checkbox"/> Family / friend <input type="checkbox"/> Other*:		
Email		Phone	
How did you hear about us? (optional)	<input type="checkbox"/> Repeat referral (because we did such a great job last time 😊 ...thanks!) <input type="checkbox"/> Google search <input type="checkbox"/> Word of mouth* <input type="checkbox"/> Other*:		

REFERRAL BACKGROUND	
Primary diagnosis / relevant medical info	
Context for referral	

SERVICE REQUEST/S	
<input type="checkbox"/> Physiotherapy (PT) <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Unsure	
<input type="checkbox"/> Capacity building services – Anticipated frequency: <input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> unsure <input type="checkbox"/> other: <i>Working on treatment goals relating to mobility/strength/balance; activities of daily living (ADLs) etc.</i>	
NDIA Requested Report – [approximate hours required]: <input type="checkbox"/> General Functional Capacity Assessment (FCA); [10 – 15 hours] <input type="checkbox"/> Supported Independent Living FCA (SIL); [10 – 18 hours] <input type="checkbox"/> Supported Disability Accommodation FCA (SDA); [15 – 22 hours] <input type="checkbox"/> Plan Review Report; [2 – 10 hours] <input type="checkbox"/> Unsure <input type="checkbox"/> Other (<i>detail</i>):	
Preferred start date	<input type="checkbox"/> As soon as possible (ASAP) <input type="checkbox"/> Other (<i>detail</i>):
Scheduling needs (days, time etc.)	
Gender requirement for therapist?	<input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (<i>detail</i>):
Additional comments?	

Thank you for your enquiry! We will endeavor to get back to you within 1 – 2 business days to let you know if we're the right fit to **move** forward with!