Central Australian Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Congress NDIS Therapeutic Referral Form

Please email completed referral form and any relevant supporting documentation to:
ndistherapy@caac.org.au

Client/Participant Details

Date of referral:

Name:		**Date of Birth**	
Address:		**Phone:**	
Primary Contact / Carer:		**NDIS #**	
Guardianship or Power of Attorney (incl. Territory Families):		**Email:**	
GP Name & Clinic:			

Referrer Details:

NDIS Plan Start:		**Plan Finish:**	
Organisation:		**Name:**	
Phone:		**Email**	
How is the Plan Managed?	☐ Self-Managed ☐ NDIA Managed ☐ Plan Managed (complete below)		
Plan Manager:		**Plan Manager Contact:**	

Person to contact for appointment bookings (if different from above):

Name:		**Role:**	
Organisation:			
Phone:		**Email**	

NDIS Goals (Please list):

Any service preferences (e.g., location of service, time/days)? Congress will make all reasonable efforts to meet your preferences however cannot guarantee requests**:**

Previous Assessment or Interventions (tick all that apply and provide date for each assessment):

- ☐ Hearing/Audiology Assessment By: _____ Date: _____
- ☐ Vision Assessment By: _____ Date: _____
- ☐ Psychology Assessment By: _____ Date: _____
- ☐ Physiotherapy Assessment By: _____ Date: _____
- ☐ Paediatric Assessment By: _____ Date: _____
- ☐ Ear, Nose and Throat Specialist By: _____ Date: _____
- ☐ Occupational Therapy By: _____ Date: _____
- ☐ Speech Pathology By: _____ Date: _____
- ☐ Other: _____ By: _____ Date: _____

Primary Diagnosis:

Other Relevant Medical History:

Social Situation (e.g., lives with, paid/unpaid carer, school, employed etc.):

Current Services (e.g., 24/7 care, personal care, shopping assistance etc.):

Current Support Required for Adults

Speech Therapy – Over 18 years

☐ Alternative communication
☐ Feeding or swallowing concerns
☐ Difficulties understanding speech
☐ Language difficulties (e.g., saying the right words and using sentences)
☐ Rehabilitation following brain injury
☐ Participating in social activities (e.g., conversation), employment or higher education
☐ Voice concerns (e.g., changes in vocal quality)

Hours recommended:
Funds available for assessment/therapy:

Occupational Therapy – Over 18 years

☐ Home modifications
☐ Housing Report
☐ Equipment Prescriptions Please specify (e.g. bathroom equipment, hoist, wheelchair, pressure care etc.):
☐ Cognitive Assessment
☐ Upper Limb / Hand Therapy
☐ Functional Assessment
☐ ADL Capacity Building (e.g., learning to look after myself, cook a meal, get dressed, go to town by myself, learn skills to get a job, etc.)
☐ Supported Independent Living Report
☐ Specialist Disability Accommodation Report
☐ Other: (please specify)

Hours recommended:
Funds available for assessment/therapy:

Physiotherapy – Over 18 years

☐ Mobility / Transfer / Balance Assessment
☐ Equipment Prescription Please specify (e.g., walking aid, slide-board etc.):
☐ Exercise Therapy
☐ Water-based exercise
☐ Carer/family training for manual handling
☐ Group exercise
☐ Other: (please specify)

Hours recommended:
Funds available for assessment/therapy:

Other relevant information:

Current Support Required for Children/Young Adults (0-17 years)

Speech Pathology (0-17 years)

☐ Say the right sounds in words so I can understand them.
☐ Communicate without words (e.g., sign language, communication device).
☐ Understand and use more words.
☐ Follow directions.
☐ Use longer sentences.
☐ Play with others, take turns in play, share and make friends.
☐ Tell stories and have conversations with others.
☐ Share their feelings with others.
☐ Eat lots of different foods without coughing/choking.
☐ Learn at school with increased independence.

Hours recommended per week:

Funds available for assessment/therapy:

Occupational Therapy (0-17 years)

☐ Use the toilet.
☐ Do things at home with increased independence (e.g., dressing, morning routines, brushing teeth, showering, doing jobs).
☐ Home modifications.
☐ Adjust to change, as well as transition between activities (e.g., going to/from home and school).
☐ Have less screen time.
☐ Learn at school with increased independence (e.g., drawing/handwriting, cutting, gluing).
☐ Sleep well.
☐ Enjoy eating lots of different foods.
☐ Regulate their sensory needs (e.g., calm or busy body, difficulty paying attention, sensitive to noise/clothing/touching).
☐ Understand and talk about emotions, as well as calm their emotions.
☐ Learn big movements (e.g., playing sports, running, jumping, dancing, throwing a ball).
☐ Learn small movements (e.g., using your hands).
☐ Participate in activities outside of school (e.g., learning how to catch a bus, grocery shopping, social activities).
☐ Access support while transitioning into employment.
☐ Social interactions – activities outside of school.

Hours recommended per week:

Funds available for assessment/therapy:

Other relevant information:

****Please attach any previous reports or hospital / rehab discharge summaries to support this referral****