

REFERRAL FORM

Sandy Turtle Supports and Therapies

Date of Referral: _____

SECTION 1: SERVICES REQUESTED. We ask this to get an idea of what you're looking for.

Please select all services you are requesting for this participant.

Therapy Services

Occupational Therapy (e.g., Functional Capacity Assessment, equipment prescription, skills building)

Positive Behaviour Support (e.g., Behaviour Support Plan, training for family/carers)

Direct Support Services

Disability Support Work (e.g., Community access, in-home support, mentoring)

* Preferred days/times for support: _____

Preferred Location of Service

Client's Home

School / Workplace

Community (e.g., Library, Park)

Telehealth (Video Call)

SECTION 2: PARTICIPANT DETAILS (The Client). We

ask these questions to find out a little about you.

Full Name: _____

Date of Birth: ___ / ___ / _____

Gender: _____

Address: _____

Phone Number: _____

Email: _____

How would this person like to be contacted?

NDIS Number: _____

Does the participant identify as Aboriginal or Torres Strait Islander? Yes No

Please send all referrals to referrals@sandyturtle.com.au or call Dan on 0448 480 541 to discuss.

Primary Diagnosis / Disability:

Secondary Diagnosis / Medical Conditions:

SECTION 3: KEY CONTACTS. We want to know who you would like us to speak to.

Who is filling out this form?

- Participant (Self)
- Support Coordinator
- Family Member / Nominee
- Other Professional

Primary Contact Person (if different from Participant)

- **Name:** _____
- **Relationship to Participant:** _____
- **Phone:** _____
- **Email:** _____

Support Coordinator Details (if applicable)

- **Name:** _____
- **Organization:** _____
- **Email:** _____

SECTION 4: FUNDING DETAILS. We'd like to know how your funding is organised so we can give you what you're entitled to.

How is the NDIS plan managed?

Self-Managed

Invoices will be sent directly to the participant or nominee.

Plan Managed

- **Plan Manager Agency Name:** _____
- **Plan Manager Email for Invoices:** _____

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NDIA Managed (Agency Managed)

NDIS Plan Dates

- **Start Date:** ____ / ____ / ____
 - **End Date:** ____ / ____ / ____
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SECTION 5: REFERRAL INFORMATION. This section tells us what you're looking for.

1. Reason for Referral / Main Goals

What does the participant hope to achieve with Sandy Turtle Supports and Therapies?

2. Current Supports in Place

Who else is currently working with the participant (e.g., Speech Pathologist, Psychologist)?

SECTION 6: SAFETY & RISK PROFILE. Don't worry, the answers to these questions don't scare us or worry us. We just ask so we know how we can keep everyone comfortable and happy.

This section is required for all home visits and Positive Behaviour Support referrals.

1. Are there any known risks regarding aggression or violence?

Yes No

If yes, please describe:

2. Are there any "Restricted Practices" currently in place?

(e.g., medication for behaviour, physical restraint, locked cabinets/gates)

Yes No

If yes, please provide details:

Please send all referrals to referrals@sandyturtle.com.au or call Dan on 0448 480 541 to discuss.

3. Home Visit Safety

Are there animals on the property, access issues, or other environmental hazards?

SECTION 7: CONSENT. Please let us know that it's OK to talk.

I confirm that the participant (or their legal guardian) is aware of this referral and has given consent for their information to be shared with Sandy Turtle Supports and Therapies.

I understand that submitting this form does not guarantee immediate service and is subject to capacity.

Name of Person Completing Form: _____

Signature: _____

Date: ___ / ___ / _____

THANK YOU for choosing us. It can be difficult to find and choose a person to hire into your life. Our small team of Gem the OT, Seb the support worker, and Dan the support worker & PBS understand this and we are dedicated to listening to you. YOU are the boss and we are here to help or make your life a bit easier or more fun. If you'd like to meet us in person before submitting this form, or if there's anything else we can do for you, please don't hesitate to call or text Dan on 0448 480 541.