

Client Information	
Family Name	
Given Name	
Date of Birth	
URN	

NDIS Request for Services - New Clients

For assistance, questions or wait times, please contact NDIS Intake on 0438 212 490 or Julie.luxford@gatewayhealth.org.au

About the NDIS Participant

NDIS Number		Request Date	
First Name		Surname	
Preferred name		Pronouns	
Gender at birth		Gender identity	
Date of Birth		Contact No.	
Address		Phone/Mobile	
		Email	
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Preferred Worker	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference		
How are we best to make initial contact?	<input type="checkbox"/> Direct with Participant <input type="checkbox"/> Nominee (Details on Pg. 2) <input type="checkbox"/> Communication Aid/s <input type="checkbox"/> Text/SMS		
	<input type="checkbox"/> E-mail <input type="checkbox"/> Phone call <input type="checkbox"/> Other		
Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cultural Considerations	
Preferred Language			
Disability Information	<input type="checkbox"/> Psychosocial <input type="checkbox"/> Intellectual <input type="checkbox"/> Autism <input type="checkbox"/> Physical <input type="checkbox"/> Other - specify		

NDIS Recognised Disability/Disabilities

Disability 1	
Disability 2	

Other significant health conditions, impacting client (chronic pain, mental health, in-dwelling catheter, weight loss/gain recent hospitalisation)

Behaviours of concern? (2:1 home visit required, clinic visits only, drug and alcohol use, violence)

No
 Yes (detail below and provide Behavioural Support Plan - *Mandatory*)

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Attachments

Why do we need these supporting documents?

- To accurately assess if we have the right skills to work with the participant,
- To work out how quickly the participant needs to be seen,
- To match the best clinician to work with the participant,
- To understand our role in helping the participant achieving their NDIS goals
- To accurately write NDIS reports to support the participant for their next plan period

Health Summary from GP

NDIS Plan / NDIS Request for Service (RFS) *(Mandatory to include plan goals and client background. If your client is not comfortable to share full plan details, exclude financial information)*

OT Assessment (Mandatory where previously completed - Functional capacity, equipment, sensory etc.)

Hospital discharge summary (if applicable)

<input type="checkbox"/> Specialist reports	<input type="checkbox"/> Dietitian report	<input type="checkbox"/> Continence assessment	<input type="checkbox"/> Communication Plan
	<input type="checkbox"/> Mealtime Management Plan	<input type="checkbox"/> Neurologist/Psychiatrist	<input type="checkbox"/> Behavioural Support Plan

Other

Authorised Representatives

Representative Details #1

Authority type	<input type="checkbox"/> Person able to provide consent (Medical Treatment Decision Maker)		
	<input type="checkbox"/> NDIS Nominee (Plan/Payment)	<input type="checkbox"/> NDIS Nominee (Correspondence)	<input type="checkbox"/> Legal Guardian/Child representative
	<input type="checkbox"/> VCAT Guardianship Order	<input type="checkbox"/> VCAT Administration Order	
	<input type="checkbox"/> POA (General)	<input type="checkbox"/> Enduring POA (Financial &/or Personal)	<input type="checkbox"/> Supportive
			<input type="checkbox"/> Evidence Attached
<i>Evidence of Authorised representation must be provided.</i>			
Name		Contact Number	
Email		Relationship to participant	
Postal Address			

Representative Details #2

Authority type	<input type="checkbox"/> Person able to provide consent (Medical Treatment Decision Maker)		
	<input type="checkbox"/> NDIS Nominee (Plan/Payment)	<input type="checkbox"/> NDIS Nominee (Correspondence)	<input type="checkbox"/> Legal Guardian/Child Representative
	<input type="checkbox"/> VCAT Guardianship Order	<input type="checkbox"/> VCAT Administration Order	
	<input type="checkbox"/> POA (General)	<input type="checkbox"/> Enduring POA (Financial &/or Personal)	<input type="checkbox"/> Supportive
			<input type="checkbox"/> Evidence Attached
<i>Evidence of Authorised representation must be provided.</i>			
Name		Contact Number	
Email		Relationship to participant	
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About the NDIS Plan

NDIS Number		Request Date	
Plan Start Date		Plan End Date	
Billing Details	<input type="checkbox"/> NDIA <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self-Managed		
Plan Manager or Self-Management Details (Name, Address, Contact, Email)	Name		
	Address		
	E-mail invoices to		

NDIS Reports

Reports to be sent to (Specify name, postal address or e-mail)	Name/s:	
	E-mail/s:	
	Postal (if applicable)	

Supported Independent Living Contact (If applicable)

House Supervisor		Contact Number	
Key Support Worker		Email	
Address			

NDIS Support Coordinator or Local Area Coordinator (LAC)

Name		Contact Number	
Mobile Number		Email	
Organisation Name			

Preferred Service Delivery Location

Gateway Health Home Community Gym Pool Telehealth
 Centre based, specify Other, specify

Additional Client Background

Existing allied health/Therapists involved
(Please list name & practice/contact details of other Allied Health Professionals outside Gateway Health or hospital therapist/personal trainer etc.)

Existing supports in place
(e.g. Support worker & frequency of attendance, contact details, day programs, informal supports - family & friends that attend to client regularly)

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Other information that we should be aware of when providing care to the client
(e.g. Cultural considerations, relationships, living arrangements, child protection, preferred gender of support worker, other sensitive information)

Reason/s for Referral

(Be as specific as possible. This information is critical in accepting and prioritising the urgency of the request.)

For initial Assessments we require a minimum allocation of hours

- Physiotherapy, Occupational Therapy, Continence, Speech Pathology and Dietetics are 10 hours
- Podiatry is varied minimum of 5 hours

Dietetics	Hours available		@ \$188.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_062_0128_3_3 (Improved Daily Living)			
<input type="checkbox"/> 12_025_0128_3_3 (Health & Wellbeing)			
<input type="checkbox"/> 01_760_0128_3_3 (Core)			
Occupational Therapy	Hours available		@ \$193.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_617_0128_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_661_0128_1_3 (Core)			
Physiotherapy	Hours available		@ \$183.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_055_0128_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_721_0128_1_3 (Core)			



Rural Health
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Podiatry	Hours available		@ \$188.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_619_0128_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_663_0128_1_3 (Core)			
Speech Pathology	Hours available		@ \$193.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_622_0128_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_665_0128_1_3 (Core)			
Therapy Assist - Lvl 2 (Allied Health Assistant)	Hours available		@ \$86.79 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_053_0128_1_3 (Improved Daily Living)			
Continence Nursing	Hours available		@ \$169.16 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_418_0114_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_618_0114_1_3 (Core)			

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District Nursing	Hours available		@ \$143.04 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_412_0114_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_612_0114_1_3 (Core)			
Group & Social Support Activities			
Annual Community Social & Recreational Activities		@ \$654.70 per 12mth period	
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 04_210_0125_6_1			

For enquiries, please contact NDIS Intake Officer on 0438 212 490 or Julie.luxford@gatewayhealth.org.au