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Allied Health Professionals
Community and Clinic
Sydney - Central Coast - Newcastle

Fax: 1300 522 216
ABN: 71 137 105 965

Referral Form

Client Details			
Full Name			
Date of Birth		Gender	
Address			
Email			
Best contact number			
Primary Contact Details (if applicable)			
Name			
Phone			
Email			
Referrer Details (if applicable)			
Name & Company			
Email			
Referral Requirements			
Reason for Referral			
Condition / Diagnosis			

Is this an urgent referral?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is an interpreter or translator required? If yes, please provide requirement details	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Services Required from Recovery Station		
Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Pathology <input type="checkbox"/> Dietetics <input type="checkbox"/> Mental Health Occupational Therapy (Behaviour Support) <input type="checkbox"/> Driving Assessment <input type="checkbox"/>		
Preferences if any regarding: Visit days and times? Clinic or Home Visits?		
Funding Type		
NDIS <input type="checkbox"/> iCARE <input type="checkbox"/> Aged Care <input type="checkbox"/> Medicare <input type="checkbox"/> DVA <input type="checkbox"/> Insurance <input type="checkbox"/> SIRA <input type="checkbox"/> Private Health Fund <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>		
NDIS / DVA / Claim / Medicare Number		
NDIS Plan start and finish dates		
How is NDIS funding managed?	NDIS <input type="checkbox"/> Self-managed <input type="checkbox"/> Plan managed <input type="checkbox"/>	
If NDIS Plan managed, name of company to send invoices to		
NDIS Plan goals		
How did you find out about us?		