**Client details**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name: | Date of Birth:   |
| Phone contact:  | NDIS number (if applicable)  | Preferred Language:Interpreter required? [ ]  Yes [ ]  No  |
| Address:  |

**Legal Representative:**

|  |
| --- |
| Name: |
| Legal Firm: | Email: |
| Phone contact: |

**About the participant:**

|  |
| --- |
| **Disability:**  |
| **Other relevant conditions:** |
| **Reason for referral:**  |
|  **Hourly service rate: (per hour)** AAT (NDIS) - $193.99 (minimum 12 hours)Non NDIS - $205.00 (minimum 15 hours)  |
| [ ]  **Letter of Instruction attached**[ ]  **Client is consenting to this referral**[ ]  **BePositive Allied Health Clinician requested: (name):** [ ]  **Other documents attached. Please list:** |
| **Invoice to be paid by**[ ]  **Client (please list contact email for invoice):**  [ ]  **Legal Representative (please list contact details for invoice):**[ ]  **Other (please provide details for invoice):** |

Please send this completed referral form to: info@bepositivetherapy.com.au

|  |  |
| --- | --- |
| Name: | Signature: |
| Date: |