

# NDIS RURAL HEALTH REQUEST FOR SERVICES

About the NDIS Participant			
NDIS Number		Request Date	
First Name		Surname	
Preferred name		Pro-nouns	<input type="checkbox"/> He/him <input type="checkbox"/> She/her <input type="checkbox"/> They/them
Sex Assigned at Birth		Gender identity	
Date of Birth		Mobile	
Email		Telephone	
Address			
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		
Cultural Considerations			
Communication - 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	Preferred Language	
NDIS Recognised Disability/Disabilities	NDIS Recognised Disability 1:		
	NDIS Recognised Disability 2:		
Other significant health conditions, impacting on client <small>(Chronic pain, mental health, in-dwelling catheter, recent hospitalisation, weight loss/gain)</small>			
Behaviours of concern? <small>(2:1 home visit required, clinic visits only, drug and alcohol use, violence)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes (detail below and provide Behavioural Support Plan - <b>Mandatory</b> )		

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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

Current Health Summary from GP (**Highly Valuable**)

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

## Contact Information

**Person able to provide medical consent (this may be Medical P.O.A/Medical Treatment Approver, NDIS Nominee)**

<b>Name</b>		<b>Contact Number</b>	
<b>Relationship</b>		<b>Email</b>	
<b>Postal Address</b>			

**Supported Independent Living Contact (If applicable)**

<b>House Supervisor</b>		<b>Contact Number</b>	
<b>Key Worker</b>		<b>Email</b>	
<b>Address</b>			

**NDIS Support Coordinator or Local Area Coordinator (LAC)**

<b>Name</b>		<b>Contact Number</b>	
<b>Mobile Number</b>		<b>Email</b>	
<b>Organisation Name</b>			

# NDIS RURAL HEALTH REQUEST FOR SERVICES

About the NDIS Plan			
NDIS Number		Request Date	
NDIS Plan Start Date		NDIS 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)		
Preferred Service Delivery Location			
<input type="checkbox"/> Home	<input type="checkbox"/> Gateway Health	<input type="checkbox"/> Telehealth	<input type="checkbox"/> Centre based, specify
<input type="checkbox"/> Community	<input type="checkbox"/> Gym	<input type="checkbox"/> Pool	<input type="checkbox"/> Other, specify
Additional Client background			
<b>Existing allied health/therapists involved</b> (Please list name and practice/contact details of other Allied Health Professionals outside Gateway Health or hospital therapist, personal trainer etc.)			
<b>Existing supports in place</b> (e.g. Support worker and frequency of attendance, contact details, day programs, informal supports – family and friends that attend to client regularly)			
<b>Other information that we should be aware of when providing care to the client</b> (e.g. Cultural considerations, relationships, living arrangements, child protection, preferred gender of support worker, other sensitive information)			

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<b>Reason/s for Referral</b> (Be as specific as possible. This information is critical in accepting and prioritising the urgency of the request.)		
<b>For initial Assessments we require a minimum allocation of hours</b> <ul style="list-style-type: none"> <li>• Physiotherapy, Occupational Therapy, Continence, Speech Pathology and Dietetics are <b>10 hours</b></li> <li>• Podiatry is varied minimum of <b>5 hours</b></li> </ul>		
<b>Dietetics</b>	<b>Hours available</b>	@ \$193.99 per hour
	<b>Reason Required:</b>	<b>Expected Outcome/s:</b>
<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)		
<b>Occupational Therapy</b>	<b>Hours available</b>	@ \$193.99 per hour
	<b>Reason Required:</b>	<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_056_0128_1_3 (Improved Daily Living)  <input type="checkbox"/> 01_741_0128_1_3 (Core)		
<b>Physiotherapy</b>	<b>Hours available</b>	@ \$193.99 per hour
	<b>Reason Required:</b>	<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_055_0128_1_3 (Improved Daily Living)  <input type="checkbox"/> 01_721_0128_1_3 (Core)		
<b>Podiatry</b>	<b>Hours available</b>	@ \$193.99 per hour
	<b>Reason Required:</b>	<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_056_0128_1_3 (Improved Daily Living)  <input type="checkbox"/> 01_741_0128_1_3 (Core)		



**NDIS RURAL HEALTH  
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<b>Speech Pathology</b>	<b>Hours available</b>		@ \$193.99 per hour
	<b>Reason Required:</b>		<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_056_0128_1_3			
<input type="checkbox"/> 01_741_0128_1_3			
<b>Therapy Assist – Lvl 2 (Allied Health Assistant)</b>	<b>Hours available</b>		@ \$86.79 per hour
	<b>Reason Required:</b>		<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_053_0128_1_3			
<b>Continence Nursing</b>	<b>Hours available</b>		@ \$124.05 per hour
	<b>Reason Required:</b>		<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_051_0114_1_3			
<b>Clinical Nurse - Registered</b>	<b>Hours available</b>		@ \$124.05 per hour
	<b>Reason Required:</b>		<b>Expected Outcome/s:</b>
<input type="checkbox"/> 15_412_0114_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_612_0114_1_3 (Core)			

## NDIS RURAL HEALTH REQUEST FOR SERVICES

Group Activities			
<b>Fit Mates (Men's Gym)</b>	<b>Hours available</b>		@ \$21.75 per hour 1.5 hours per session - \$32.58 per session
<input type="checkbox"/> 04_175_0136_6_1_T			
<b>Exercise Group</b>	<b>Hours available</b>		@ \$20.61 per hour Typically, 1 hour per session per week
<input type="checkbox"/> 04_175_0136_6_1			
<b>Art &amp; Craft</b>	<b>Hours available</b>		@ \$20.61 per hour Typically, 1 hour per session per week
<input type="checkbox"/> 04_175_0136_6_1			
<b>Men's Cooking</b>	<b>Hours available</b>		@ \$762 total
<b>Hours Required</b>	2 x Dietitian @ \$193.99 per hr	<input type="checkbox"/> 15_062_0128_3_3 (Improved Daily Living) or	<input type="checkbox"/> 12_025_0128_3_3 (Health & Wellbeing) or <input type="checkbox"/> 01_760_0128_3_3 (Core).
	2 x Therapy Assistant, Lvl 2 @ \$86.79 per hr	<input type="checkbox"/> 15_053_0128_1_3	
	8 x Therapy Assistant, Lvl 1 @ \$25 per hr	<input type="checkbox"/> 15_052_0128_1_3	

For other group activities and enquiries, please contact NDIS Intake Officer on 0438 212 490 or [Julie.luxford@gatewayhealth.org.au](mailto:Julie.luxford@gatewayhealth.org.au)