



**Disability Specialists**  
**C/- Anneke Andrews**  
**Occupational Therapist**  
**P O Box 6190**  
**Cairns, QLD 4870**

Mobile: 0478-958-900  
 Email: disabilityspecialists@hotmail.com  
 NDIS Provider: 4050010675  
 ABN: 49-177-422-620

## Referral Form

Participant Details	
<b>Full Name:</b>	<b>DOB:</b>
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>NDIS Number:</b>	
<b>Current Plan Start date:</b>	<b>End:</b>
<b>Who referred you to Disability Specialists i.e. Coordinator, Mission AUS</b>	
<p><b>Funding Arrangement: (Please check)</b></p> <p><input type="checkbox"/> NDIS Portal Managed</p> <p><input type="checkbox"/> Provider Plan Managed (complete details below)</p> <p><input type="checkbox"/> Self-Managed (complete details below)</p> <p><b>Plan Manager Name:</b></p> <p><b>Contact Phone:</b></p> <p><b>Contact Email:</b></p>	
<p><b>Is the case under: (Please check)</b></p> <p><input type="checkbox"/> Office of the public guardian</p> <p><input type="checkbox"/> Public Trustee</p> <p><input type="checkbox"/> Child safety</p> <p><input type="checkbox"/> QHealth Community</p>	

**OT service required: (Please check)**

- OT Functional Assessment Comprehensive
- Specialist Disability Accommodation
- Cognitive rehabilitation
- ADL retraining and goal attainment therapies
- Soft tissue treatments for combined complex conditions
- Sensory integration therapy

**Background info and goals:**

**Any concerns with your plan:**

**Medical condition(s) and documentation to assist OT with assessment planning, state in brief below and please email medical documentation prior to visit:**

**Name:**

**Organisation:**

**Phone:**

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