Melton Physiotherapy
& Sports Medicine Clinic

NDIS Exercise Physiology Referral

PARTICIPANT DETAILS

First Name:

Last Name:

Date of Birth:

Mobile:

Gender:

☐ Male ☐ Female ☐ Other

Residential Address:

Postal Address (if different):

Email Address:

NDIS Plan Number:

NDIS FUNDING INFORMATION

NDIS Plan Start Date:

NDIS Plan Reassessment Date:

Funding Type:

☐ Plan Managed ☐ Self Managed

Please note: We cannot accept participants with Agency Managed plans as we are not a registered NDIS provider.

Does your plan have funding periods?

☐ Yes ☐ No

If yes, please list them along with the funding allocation for each funding period below.

Funding period dates	**Allocated amount**

Invoice Contact Name:

Invoice Contact Email:

Invoice Contact Phone:

EXERCISE PHYSIOLOGY FUNDING INFORMATION

Number of hours allocated to Exercise Physiology:

Dollar amount allocated:

NDIS Line Item Being Used (select one):

☐ 12_027_0126_3_3 - Exercise Physiologist - Direct Service ($161.99/hr)

☐ 15_200_0126_1_3 - Exercise Physiologist - Direct Service ($161.99/hr)

☐ 15_609_0118_1_3 - ECI Professional - Exercise Physiologist - Direct Service ($161.99/hr)

Is Exercise Physiology a stated or flexible support?

☐ Stated Support ☐ Flexible Support

ADVOCATE / REPRESENTATIVE DETAILS (IF APPLICABLE)

Full Name:

Phone:

Mobile:

Email:

Address:

Relationship to the Participant:

HEALTH INFORMATION

Type of Disability:

Current Health Status:

Summary of Strengths, Goals, Concerns:

Behaviours of Concern / Risk to Staff:

REFERRER DETAILS

Referrer Name:

Organisation:

Relationship to Participant:

Contact Email:

Contact Phone:

Date of Referral:

WHO IS COMPLETING THIS FORM?

Role:

☐ Family Member ☐ Support Coordinator ☐ Other (specify)

Name:

Mobile:

Email:

Date:

SIGNATURES

Participant Name (Print): Date:

Participant Signature:

Referrer Name (Print): Date:

Referrer Signature:

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