

Participant Details			
Name:		Date of Birth:	
Email:		Phone:	
Address:			
Have you used Enhance before?	<input type="checkbox"/> Yes (Re-referral) <input type="checkbox"/> No <input type="checkbox"/> Yes (More than 2 years ago)		
Do you use other DSA services?	<input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No		
Primary Disability:			
Mental Health Diagnosis:			

What is the reason for referral? (Briefly describe reason and other important information)

Person Making the Referral			
Name:		Organisation:	
Phone:		Relationship with Participant:	
Email:			

Key Decision Maker of the NDIS Plan			
Name:		Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		If Yes, specify language:	
Email:			

Next Point of Contact	<input type="checkbox"/> Participant <input type="checkbox"/> Person Making Referral <input type="checkbox"/> Key Decision Maker
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NDIS Plan Details			
NDIS Plan Number:		Plan Start Date:	
Plan Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan End Date:	
How will funds be claimed in the NDIS plan?			
<input type="checkbox"/> Direct Claim via NDIS portal <input type="checkbox"/> Plan Managed, details: _____ <input type="checkbox"/> Self-Managed, details: _____			

Types of Delivery that Enhance Offer	
Outreach	Clinician travelling to a suitable location of participant's choice, within 30 minutes travel from one of our clinics. This may be the family home, school, day program or workplace etc. This incurs a travel charge of 30 minutes per appointment.
Clinic	Participant attending appointment at one of the Enhance clinics.
Telehealth	Service completed via video-conferencing or phone call.

Behaviour Support Intervention and Training (Improved Relationships: Item Numbers 11022 & 11023)		
Amount allocated to Enhance:	11022 funding = \$	11023 funding = \$
Tick all that apply: <input type="checkbox"/> 1 behaviour of concern only <input type="checkbox"/> 2 to 3 behaviours of concern <input type="checkbox"/> Behaviour(s) occur in 1 setting only <input type="checkbox"/> Behaviour(s) occur in 2 to 3 settings <input type="checkbox"/> There is a previous Behaviour Support Plan <input type="checkbox"/> There are or may be Restrictive Practices, if checked, how many?	Other Important Information:	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Telehealth	

Speech Pathology Assessment and Therapy (Improved Daily Living: Item Number 15056)	
Amount allocated to Enhance:	\$
Tick all assessments wanted: <input type="checkbox"/> Communication assessment & report (Min 15 hrs) <input type="checkbox"/> Oral eating & drinking care plan (OEDCP) / Mealtime assessment (Min 10 hrs, 15 hrs for new / complex)	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Clinic, choose: <input type="checkbox"/> Kingsgrove <input type="checkbox"/> Mascot <input type="checkbox"/> Campbelltown <input type="checkbox"/> Moss Vale <input type="checkbox"/> Telehealth
Tick all that apply: <input type="checkbox"/> Speech therapy	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Clinic, choose: <input type="checkbox"/> Kingsgrove <input type="checkbox"/> Mascot <input type="checkbox"/> Campbelltown <input type="checkbox"/> Telehealth
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify:

Occupational Therapy Assessment & Therapy (Improved Daily Living: Item Number 15056)	
Amount allocated to Enhance:	\$
Tick all assessments wanted: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Functional (10 hrs) <input type="checkbox"/> Home and community safety (10 hrs) <input type="checkbox"/> Activity of daily living (Min 10 hrs) <input type="checkbox"/> Seating / Pressure care (10 hrs) <input type="checkbox"/> Powered mobility (12 hrs) </div> <div> <input type="checkbox"/> Assistive technology (12 hrs) <input type="checkbox"/> Home modifications (Min 10 hrs) <input type="checkbox"/> Housing support (SDA & SIL) (25 hrs) <input type="checkbox"/> Sensory (10 hrs) </div> </div>	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Clinic, choose: <input type="checkbox"/> Kingsgrove <input type="checkbox"/> Mascot <input type="checkbox"/> Campbelltown <input type="checkbox"/> Moss Vale <input type="checkbox"/> Telehealth
Tick all that apply: <input type="checkbox"/> Therapy (manual handling, falls prevention, upper limb therapy (10 hrs) <input type="checkbox"/> Sensory Therapy	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Clinic, choose: <input type="checkbox"/> Kingsgrove <input type="checkbox"/> Mascot <input type="checkbox"/> Campbelltown <input type="checkbox"/> Moss Vale <input type="checkbox"/> Telehealth

Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other, specify:
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Psychology Assessment & Therapy (Improved Daily Living: Item Number 15054)	
Amount allocated to Enhance:	\$
Tick all assessments wanted: <input type="checkbox"/> Cognitive assessment & report (Min 10 hrs) <input type="checkbox"/> Housing / service needs assessment (10 – 15 hrs) <input type="checkbox"/> Finding and keeping a job – Employment related assessment <input type="checkbox"/> Other, specify:	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Clinic, choose: <input type="checkbox"/> Kingsgrove <input type="checkbox"/> Mascot <input type="checkbox"/> Campbelltown <input type="checkbox"/> Moss Vale <input type="checkbox"/> Telehealth
Tick all that apply: <input type="checkbox"/> Therapy (Understanding emotions, therapy, counselling and skill development) <input type="checkbox"/> Finding and keeping a job – Employment related counselling	
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Clinic, choose: <input type="checkbox"/> Kingsgrove <input type="checkbox"/> Mascot <input type="checkbox"/> Campbelltown <input type="checkbox"/> Moss Vale <input type="checkbox"/> Telehealth
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify:

Registered Nurse Assessment & Support (Improved Daily Living: Item Number 15036)	
Amount allocated to Enhance:	\$
Tick all that apply (Each 10 – 12 hours): <input type="checkbox"/> Epilepsy management plan <input type="checkbox"/> Pressure care plan <input type="checkbox"/> Non-invasive respiratory support e.g. CPAP <input type="checkbox"/> Urinary catheter support <input type="checkbox"/> Bowel care plan (Required for PRN medication)	Tick all that apply (Each 15 hours): <input type="checkbox"/> Enteral feeding e.g. PEG <input type="checkbox"/> Diabetes plan <input type="checkbox"/> Health & wellbeing management plan (8 hrs)
Type of Delivery:	<input type="checkbox"/> Outreach (Incurs travel charges), specify location: _____ <input type="checkbox"/> Telehealth

Referral Process	
Step 1:	Send completed referral form and a copy of the NDIS goals and funds available in the requested categories to referrals@ehs.org.au
Step 2:	Intake coordinator will send you a Customer Service Plan (CSP), consent forms (and DSA Service Agreement unless already completed). These need to be signed and returned as per NDIS requirements.
Step 3:	Once all signed and sent back, funds are then confirmed with the funding entity. Once confirmed, the referral process will be considered complete.
The Enhance wait list for clinical services varies and we will do our best to keep you informed.	