



Thank you for your referral to Optimal Care Australia.
Please tick appropriate boxes. Email completed form to
Teekay.oca@gmail.com

Date

Participant Details

First Name Surname Date of birth / /

Address
 Postcode

Own Home Rental Property Supported Accommodation Aged Care Facility

Contact For Appointments

Name Phone Relationship

Funding Source (please tick)

NDIS Private ISP Other:

Referrer Details

Name Organisation

Phone Email

Services Required (please tick)

	Description of support item	Description of the scope of the referral



NDIS Participant Details (if applicable)

Participant Number Plan Start/End Date

Payment Management

NDIA Managed Self-Managed Plan Managed Nominee Managed

Plan Manager/Nominee Details

Agency / Name

Address

Postcode

Phone Email

Other Information (please tick)

Client background ATSI CALD Interpreter Required? Yes No

Primary language spoken

Does the client display any behaviours of concern or have a history of violence? Yes No

If yes, please detail

History of mental illness? Yes No

If yes, please detail

Potential issues for staff visiting? Pets Firearms Hoarding Alcohol/drug use

If yes, please detail

Current mobility status Walking Walking with aid Wheelchair Hoist transfers

Restrictions on client availability?

Anything else we should know?