***Continence Regional Vic – NDIA Referral Form***

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| CLIENT DETAILS | |
| Name |  |
| Address |  |
| Date of Birth |  |
| Email |  |
| NDIS Number  Aged Care  TAC  Other |  |
| NDIA Plan Dates |  |
| CONTACT SUPPORT DETAILS | |
| Phone Contact |  |
| NOK |  |
| HOUSE SUPERVISOR or  TEAM LEADER if applicable |  |
| Medical History  Diagnosis / Disability  Reason for referral |  |
| Contact - Agency Managed- Type /Plan Managed/ self  Other  Provided Details |  |

**For NDIA clients we require a minimum of 4 hours allocated for the assessment. This may be more or less dependent on the participants’ needs and complexity. Travel charges may apply but will be discussed and approved at the time of referral if applicable. Charges: Improved daily living skills 15\_418\_0114\_1\_3 Delivery of Health Supports by a Nurse Consultant- weekday daytime $ 169.16 per hour X 4 hours = $ 676.44**

**REFERRER DETAILS:**