



GIZMO REHABILITATION

Smarter Advice about Specialised Equipment

CLIENT REFERRAL FORM

CLIENT DETAILS

Client Name:		DOB:	
Address:			
Contact Person:		Relationship:	
Contact Phone:		Contact E-mail:	
Primary Diagnosis:			
Other Conditions:			
Client Height:		Client Weight:	

REFERRAL DETAILS

Who referred you to Gizmo?
What equipment do you need help with?
Type of services required: <input type="checkbox"/> Review and modification of existing equipment <input type="checkbox"/> Assessment and prescription of new equipment <input type="checkbox"/> Assessment and prescription of replacement equipment

FUNDING DETAILS

Funder/Insurer:		Reference Number:		
NDIS Clients:	Plan Dates:	Start Date	End Date	
	Plan Type:	Self Managed	Plan Managed	Agency Managed
Plan Manager Details (if applicable – please supply phone and email):				
Do you have a Case Manager/Support Coordinator:		Yes	No	
Details:				
Email for submission of invoices:				

REASON FOR REFERRAL

In your own words, please describe what outcomes you hope to achieve, and any other specific requirements:

HISTORY & DOCUMENTATION

Please indicate which documents you have submitted with this referral:

- NDIS Plan including Plan Goals
- Discharge summaries and/or other medical reports
- Prior allied health assessments
- Pictures or technical details of equipment as below
- Other:

AVAILABILITY FOR APPOINTMENTS

Please indicate which days/times you are generally available for appointments (note I do not see clients on Fridays).

- | | |
|--|--|
| <input type="checkbox"/> Monday Morning | <input type="checkbox"/> Monday Afternoon |
| <input type="checkbox"/> Tuesday Morning | <input type="checkbox"/> Tuesday Afternoon |
| <input type="checkbox"/> Wednesday Morning | <input type="checkbox"/> Wednesday Afternoon |
| <input type="checkbox"/> Thursday Morning | <input type="checkbox"/> Thursday Afternoon |

Preferred Morning time:

Preferred afternoon time:

Comments:



CURRENT EQUIPMENT DETAILS

Please supply details of any current equipment relevant to this referral

ITEM 1: Pictures attached

Brand/Model:

Date purchased:

Funded by:

Accessories on board (cushion, backrest etc):

Comments/Issues:

ITEM 2: Pictures attached

Brand/Model:

Date purchased:

Funded by:

Accessories on board (cushion, backrest etc):

Comments/Issues

ITEM 3: Pictures attached

Brand/Model:

Date purchased:

Funded by:

Accessories on board (cushion, backrest etc):

Comments/Issues:



ITEM 4:

Pictures attached

Brand/Model:

Date purchased:

Funded by:

Accessories on board (cushion, backrest etc):

Comments/Issues:

ITEM 5:

Pictures attached

Brand/Model:

Date purchased:

Funded by:

Accessories on board (cushion, backrest etc):

Comments/Issues:

ITEM 6:

Pictures attached

Brand/Model:

Date purchased:

Funded by:

Accessories on board (cushion, backrest etc):

Comments/Issues:

