

## NEW REFERRAL FORM

Please complete all fields to the best of your ability. Once completed please scan and email to [admin@ontheroadphysiotherapy.com.au](mailto:admin@ontheroadphysiotherapy.com.au)

<b>Referrer / person completing the form:</b>	
<b>Contact Details:</b>	
<b>Organisation:</b>	<b>Date:</b>

<b>Consumer Name:</b>	
<b>Address:</b>	
<b>DOB:</b>	<b>Gender:</b>
<b>Relevant Medical History:</b>	
<b>Goals:</b>	

ATTN: Please answer all questions below to the best of your ability; if you are unsure, we request that you enquire with the consumer. If you are still unable to get an answer please write "UNSURE" and we will follow up and make special considerations as needed.

<b>Home Visit Safety Screening Questions</b>	
<b>What type of property will we be visiting? (eg. House, unit, business, aged care facility?)</b>	
<b>Is the property visible from the street and are there any hazards to be aware of? (e.g. Steep slopes, Pets, slippery stairs, uneven pavement?)</b>	
<b>Is there anyone else living at the home and what is their relationship to the client?</b>	
<b>Is it likely that alcohol consumption or smoking will take place during our therapist visit?</b>	
<b>Does anyone at the home have a history of violent, aggressive or inappropriate behaviour?</b>	
<b>Does the client or anyone in the home have a mental health condition? Is it currently being successfully managed?</b>	
<b>Is the client cognitively able to make decisions regarding his or her own health?</b>	
<b>Does the client have any medical conditions or health concerns that require special consideration? (e.g. HIV, Hepatitis, TB)</b>	
<b>Are there any weapons or guns in the house? If so, are they locked away?</b>	
<b>Is there difficulty with mobile phone reception and / or a working landline?</b>	
<b>Other concerns or comments:</b>	
<b><u>Person completing referral and safety screening form:</u></b>	
<b>NAME:</b>	<b>DATE:</b>
<b>SIGNATURE:</b>	

## **CONDITIONS UPON REFERRAL**

### **COMMUNICATION:**

- Please direct all communication to the administration team via the email [admin@ontheroadphysiotherapy.com.au](mailto:admin@ontheroadphysiotherapy.com.au) or via phone on 0424 711 096. If you do not hear back or require an immediate response please call 0421 101 906 to speak with Jordan (Director / Principal Physiotherapist).

### **FEES:**

- Please note our fee below:
  - Initial consultation - \$95.00 (approximately 60 minutes)
  - Follow up consultation - \$85.00 (approximately 40 minutes)
- We do provide pensioners discounts and can provide further financial assistance as required upon discussion if deemed appropriate.

### **CANCELLATION / LATE CANCELLATION FEE:**

- If a cancellation is required please provide us 24 hours notice. We request this, so that we have enough time to notify other clients who are waiting on a treatment spot.
- LATE CANCELLATION is deemed as notice after 3 pm on the day prior to the day that the treatment was scheduled to occur. This may result in a late cancellation fee of 50% of the scheduled treatment cost

For any other information or questions please don't hesitate to contact us.

Kind Regards,

On the Road Physiotherapy.