

NDIS Referral form

Participant Details

Date of referral:

Full name of NDIS participant:

Date of birth:

Who should we contact to make an appointment:

☐ Participant
 ☐ Support coordinator
 ☐ Support worker
 ☐ Other

If other, please specify relationship:

Primary contact name:

Primary contact number:

Primary email:

Participants contact number (If not above and applicable):

Plan Details

NDIS participant number:

Plan Dates FROM:

TO:

Plan management:
 ☐ Self managed
 ☐ NDIA managed
 ☐ Plan Managed

If Plan managed, By Whom:

Email address for invoices:

NDIS approved diagnosis:

Current concerns/ Reason for referral:

Current therapy input from other providers:

Exercise Physiology Cancellation Policy

The full appointment fee will be charged, at our discretion, for all short notice cancellations and no-shows. A cancellation is considered short notice when it occurs within 24 hours of the appointment (*Initial appointments only, 48 hours applies to all follow up appointments). Where a client is more than 15 minutes late, the appointment will be rescheduled, and the full fee will also be charged.*

By completing this form the participant is accepting this policy.

Referrer information:

Name of referrer:

Role:

Contact number:

Email:

Other comments

Please email completed forms to: exercise.physiology@ymca.org.au