

## **New Client Form**

### **Joining Rehability Australia From Another Provider**

#### **Part A: Participant and Plan Details:**

Client Name:		DOB:	
Address:		Phone number:	
Nominee or Next of Kin:		Relationship:	
Address:		Phone number:	
Communication Requirements:			
Plan Start Date:		End date:	

#### **Part B: Service Details:**

Date of Referral:		Start date:	
<b>Referral Synopsis:</b> <ul style="list-style-type: none"> <li>• Intervention Summary</li> <li>• Progress towards goals</li> <li>• Reason for referral</li> <li>• Support needs</li> </ul>			
Identified risks/ actions needed:			

Funding hours approved:		Hours used:	
Funding remaining:	\$	Hours remaining:	
NDIS Contact/Planner name:		NDIS office location:	

**Part C: Previous Provider Details:**

Service Provider:		Provider#	
Address:		Phone:	
Email:		Contact:	
Service booking dates:		Date cancelled:	

**Part D: Referrer Details**

Name:		Relationship:	
Address:		Phone:	
Email:		NDIS notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Rehability?	Word of mouth: <input type="checkbox"/> Referral by another professional <input type="checkbox"/> Member of the public <input type="checkbox"/> NDIA representative <input type="checkbox"/> Other:	Online: <input type="checkbox"/> Rehability website <input type="checkbox"/> Facebook <input type="checkbox"/> Linked In <input type="checkbox"/> NDIS Portal Provider Finder <input type="checkbox"/> Google	