

Thank you for referring your client to Caboolture Physical Therapy Centre. Please complete the following details.

Patients Details

Patients Name:			
Email Address:			
Phone Number:			
(for appt. reminders)			
Other Contact:			
Date of Birth:	Birth Sex	(please circle):	Gender-identifies as (please circle):
	Male F	emale Other	Male Female Other

NDIS Information

NDIS Number:	
NDIS Plan Start Date:	NDIS Plan End Date:
NDIS Goals:	Please attach a copy of your/the participants NDIS goals.

Fund Management

Fund Management: (please circle)	Plan-Managed	Self-Managed	Plan Manager Provider: (If plan-managed)	
Invoice Email:				
Contact Number:				

Support Coordination

Do you have a Support Coordinator?	Yes	No
Name:		
Number:		
Email:		



ABN 89 063 809 530

Is it okay for us to speak with your Support Coordinator in relation to your care?	Yes	No
Do you authorise the Support Coordinator to receive a copy of your Service Agreement with us, following your initial appointment?	Yes	No
Do you need a quotation of services completed?	Yes	No
Who should we reach out to book the initial appointment in with?		

Reason for Referral

Services Requested: (please circle)	Physiotherapy	Exercise Physiology	Hydrotherapy	Pilates	Exercise Class	Dietetics
What disabilities or conditions do you/the participant have?						
What are you wanting treated? Have you had any scans/xrays, if so, where were they?						
How does this impact your day-to-day life?						
Are there other supports or activities that you attend?						

Caboolture Physical Therapy Centre

How did you hear about	Google Searc	h Drive by	Friend/	'Family	GP/Specialist	Support Coordinator/Plan	
Caboolture Physical Therapy	Manager	Facebook Adve	rtising	Follow ι	is on Facebook	Blog on Website	Radio
Centre? (please circle)	Advertising Prior Patient No Returning						

Please note that all NDIS Services and Fees are in alignment with the current NDIS Pricing Guidelines. You can view all NDIS Pricing Guides via the following link: <u>Current NDIS Pricing Arrangements</u>

Please note that Caboolture Physical Therapy Centre has a Short Notice Cancellation Policy - please see details below.

Cancellation fees will apply when an appointment is cancelled 1-2 business days prior to the appointment. 2 business days' notice will incur a fee of up to 80% of your consultation fee. Appointments cancelled 1 business day before, or on the day of the appointment, will incur a cancellation fee of the full appointment cost. We understand that sudden illness and emergencies may occur from time-to-time, therefore if you cancel due to unforeseen circumstances, the cancellation fee may be waived. We greatly appreciate your efforts to provide adequate notice for cancellations so that we can offer a timely and appropriate service to those awaiting care.