

familybasedcare




Tasmania

Form – Referral - Allied Health

Family Based Care Tasmania welcomes referrals from people within the community wanting to refer themselves to our services or from other professionals wanting to refer people to our services.

Important to Note: We do not accept referrals for high risk clients or actively psychotic clients. We also do not provide crisis or emergency support. Please contact our practice to confirm suitability for meeting your needs. Family Based Care Tasmania reserves the right to refuse any referral.

Referrer Details

Service Type: Please indicate if you are seeking therapy or assessment services.	<input type="checkbox"/> Psychology  My Psychology Tasmania					
	<input type="checkbox"/> Speech Pathology  My Speech Pathology Tasmania					
<input type="checkbox"/> Exercise Physiology  My Physio Tasmania						
<input type="checkbox"/> Assessment Services			<input type="checkbox"/> Individual Therapy			
Referral Date:						
Funding type: (Please tick)	NDIS	HCP	CHSP	HACC	Private	Other
Name and Title:						
Organisation: (if applicable)						
Address:						
Email:						
Phone:						
NDIS:	Participant Number:					
	Type (NDIA, Plan, Self):					
	Plan Manager (if applicable):					
	Person/s responsible for Billing:					
	Plan Start Date:			Plan End Date:		
	Available funds/Hours for each service referred:					
Medicare:	Number:		IRN:		Expiry Date:	
Private Health Fund:	Fund Name:					
	Number:			Expiry Date:		
Dept Veteran Affairs Card:	Number:			Expiry:		

Client Details

Client Name:			
Date Of Birth:		Age:	
Gender/Pronoun:			
Address:			
Email:			
Phone:			
Occupation: (if applicable)			
Next of Kin/Guardian: (if applicable)	Name:		
	Relationship:		
	Phone:		
Have you/the client been to this practice before?:	If yes, date last seen:		

Reason for Referral

Reason for Referral: <i>(Please provide information about your key concerns so that we can determine how to best meet the needs of the client.)</i>	
Relevant History/Information: (including any past/current diagnoses and/or medical conditions)	
Other Current Therapists / Services engaged with:	
Any Current Legal Matters Pending or Child Safety involvement?	
Depending on funding some services may attract a gap fee payment – contact us to discuss if unsure.	

Please add separate sheets if required.

All referrals should be sent to:

Family Based Care Tasmania
PO BOX 510, Burnie TAS 7320

email: admin@familybasedcare.org.au
fax: 03 6431 1417