

# Allied Health Referral



Client Details	
Name	
Address	
Phone	
Email	
Relevant Medical History / Health Information	
Preferred Contact Information	

## Services Required

- Physiotherapy (in home)
  - Occupational Therapy (in home)
  - Initial Assessment & Home Environment Report (including home modifications and low risk assistive technology)
  - Subsequent consultation for home modifications and low risk assistive technology (applicable if OT assessment completed within last 6 months)
  - Other (Please indicate below):
  
- Assessment for Electric Adjustable bed including trial with OT
- Assessment for Electric Lift & Recline chair including trial with OT
- Assessment for Mobility Scooter including equipment trial and training session with OT
- Assessment for Wheelchair including equipment trial with OT

Please email referral to: [enquiries@tadwa.org.au](mailto:enquiries@tadwa.org.au)

**Therapy@Home Skills reablement program**

Please note: All programs include initial OT assessment, service delivery by AHA over 8 sessions and OT final evaluation and report

- |  |   |
|--|---|
| <input type="checkbox"/> Self Care or Dressing Skills              | <input type="checkbox"/> Clinical Virtual Reality Therapy |
| <input type="checkbox"/> Transfer Skills                           | <input type="checkbox"/> Meal Preparation                 |
| <input type="checkbox"/> Cognitive Skills                          | <input type="checkbox"/> Falls Prevention                 |
| <input type="checkbox"/> Mobility Scooter and Road Safety Training |   |

Reason for Referral / Other Information

Referrer Details	
Name	
Company	
Address	
Phone	
Email	

Date