GEAT, Home Modifications, Vehicle Modifications and Technology

Referral Form for HCP and Self Funded Clients

Date of Referral: _____

SERVICES REQUIRED

If Occupational Therapy services are required, please use the form titled 'Occupational Therapy Services'.

- ☐ Home Modifications*
- ☐ Bathroom Modifications*
- ☐ Kitchen Modifications*
- ☐ Goods, Equipment and Assistive Technology
- ☐ Emergency/ Falls Device (Pendant or Watch)
- ☐ Technology Equipment (New or Refurbished)
- ☐ Technology Support Agreement
- ☐ Konnekt Video Service
- ☐ Vehicle Modification (Wheelchair Hoist)
- ☐ Vehicle Modification (Hand Controls)**
- ☐ Vehicle Modification (Left Foot Accelerator)**
- ☐ Other: _____

**OT project summary and concept drawings must be submitted with this form*
***OT driving assessor written recommendations must be submitted with this form*

CUSTOMER DETAILS (PERSON RECEIVING SERVICES)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other ____ Date of Birth: _____

First Name(s): _____ Last Name: _____

Residential Address: _____

Postal Address (if different): _____

Email: _____

Home Phone: _____ Mobile: _____

Main Language Spoken: _____ Interpreter Required: ☐ Yes ☐ No

Health and/or Safety Concerns: (e.g. pets, immunocompromised etc)

Is the customer receiving care from any palliative care teams: ☐ Yes ☐ No

HCP PROVIDER/ CARER/ REPRESENTATIVE OR ADVOCATE DETAILS

Full Name: _____

Relationship to Customer: _____

Organisation: _____

Address: _____

Email: _____

Home Phone: _____ Mobile: _____

Is this person required to be present to support the customer during assessments/ onsite visits:

☐ Yes ☐ No

BILLING/ FUNDING DETAILS

☐ Home Care Package Level 1 ☐ Home Care Package Level 2

☐ Home Care Package Level 3 ☐ Home Care Package Level 4

☐ Self Funded

PERSON OR ORGANISATION RESPONSIBLE FOR INVOICE

Name/ Organisation: _____

Billing Address: _____

Email: _____

Phone: _____ Is a purchase order required? ☐ Yes ☐ No

Please send referral form to enquiries@tadwa.org.au by email
or 371 Collier Road Bassendean 6054 by post.