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| --- |
| **Referral details** |
| **Service Requested** | **Continence Assessment** [ ]  Issues - Bladder [ ]  Bowel [ ]  Products [ ] **Catheter Assessment / ongoing changes** [ ] **Intermittent Catheter assessment / education** [ ] **Education session** [ ] details: |
| **Referrer details**  | Self / family [ ]  Health Care Professional [ ]  Support Coordinator [ ] Other [ ]   |
| Your name:  |
| Email: |
| Contact phone number: |
| **Appointment preference**  | Home Visit *(location dependent)* [ ]  Phone consult [ ]  Online eg Zoom [ ]  |
| **Person to contact to set up appointment** | Client [ ]  Family / Carer [ ]  Support Coordinator [ ]  Other / NOK [ ]   |
| **Client details** |
| **Client Name** |  |
| **Date of Birth** |  |
| **Address - Residential** |  |
| **Address - Postal** | As above [ ]  |
| **Phone number**  | (Home) | (Mobile) |
| **Email Address** |  |
| **Medical Diagnosis** |  |
| **Communication Preference** | SMS [ ]  Phone call [ ]  Email [ ]  Direct to: Client [ ]  NOK [ ]  |
| **Other Client Contacts – Family / NOK (if required)** |
| Name |  |
| Relationship | Spouse[ ]  Parent[ ]  NOK [ ]  Advocate / Guardian [ ]  |
| Phone number |  |
| Email Address |  |
| **NDIS Participants** |
| **NDIS Plan details for the****Service Agreement***Estimated duration:* ***4hrs*** *plus travel (if req’d), includes assessment, reporting and recommendations.*  | NDIS Reference Number: |
| Self Managed [ ]   |
| Plan Managed [ ]  Company: |
| Plan Dates | Start:  | End: |
| Email to send invoices to: (if known): |
| **Person to send the Service Agreement to:** | Client [ ]  Spouse / Family / Carer [ ]  Support Coordinator [ ]  Advocate / Guardian [ ]  Other [ ]  Email (if not already included above): |

Thank you for your referral – please complete & email back to info@peeandpoo.com.au

We aim to reply within 1-2 business days to acknowledge the referral and commence the booking.