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Date completed: \_\_\_/\_\_\_/\_\_\_

*PLEASE ENSURE THE WHOLE FORM IS COMPLETED OTHERWISE YOU WILL HAVE TO PAY FOR YOUR INITIAL CONSULTATION PRIVATELY AND SEEK REIMBURSEMENT FROM YOUR PLAN MANAGER.*

*CONTACT YOUR PLAN MANAGER/SUPPORT COORDINATOR FOR INFORMTAION YOU MAY NOT HAVE*

**CLIENT DETAILS:**

First & Last Name: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternative Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

G.P Name: \_\_\_\_\_

G.P Contact Number: \_\_\_\_\_

G.P Email/Fax: \_\_\_\_\_

How did you hear about us?

- Family/Friend
- Dr/Specialist Referral
- Plan Manager/Support Coordinator
- Google
- Social Media e.g. Facebook or Instagram
- Other: \_\_\_\_\_

Client name: \_\_\_\_\_

## PLAN DETAILS:

### Please attach a copy of the current NDIS plan

NDIS Number: \_\_\_\_\_

Plan Type:

- NDIA Managed
- Plan Managed
- Self-Managed

Agency Name: \_\_\_\_\_

Agency Contact Number: \_\_\_\_\_

Email Invoices to: \_\_\_\_\_

Plan Dates (Start and End): \_\_\_\_\_

Available/Remaining/Allocated Funding: \$ \_\_\_\_\_

Support Coordinator Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plan Manager Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Client name: \_\_\_\_\_

Patient Goals (As stated in NDIS Plan):

NDIS Diagnosed Condition:

\*Continued next page

Client name: \_\_\_\_\_

Client's Social History (e.g., Living situation, additional supports/services, hobbies, employment status, etc.):

**REASON FOR REFERRAL:**

- Physiotherapy
- Exercise Physiology

Relevant Information for Referral (e.g., other under-lying health conditions, what is being treated, etc.):

## NDIS Rates:

- 1 hour Physiotherapy - \$193.99
- 30 minute Physiotherapy - \$97
- 1 hour Exercise Physiology - \$166.99
- 30 minute Exercise Physiology - \$83.50
- Report Writing - \$160 for 1 hour
- Late Cancellation/Non-Attendance Fee: 100% of the consultation cost (a minimum of 24 hours notice is needed for all cancellations, failure to do so will incur the above fee)

### Participant Carer's Availability:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> Morning (8am-12:30pm)	<input type="checkbox"/> Morning (8am-12:30pm)	<input type="checkbox"/> Morning (8am-12:30pm)	<input type="checkbox"/> Morning (8am-12:30pm)	<input type="checkbox"/> Morning (8am-12:30pm)
<input type="checkbox"/> Afternoon (1:30pm-6pm)	<input type="checkbox"/> Afternoon (1:30pm-6pm)	<input type="checkbox"/> Afternoon (1:30pm-6pm)	<input type="checkbox"/> Afternoon (1:30pm-6pm)	<input type="checkbox"/> Afternoon (1:30pm-6pm)

Signature of Client/Alternative Person:

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Printed Name:

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Date: \_\_\_\_\_

Client name: \_\_\_\_\_