WHR Allied Health Referral Form WHR ALLIED HEAL Safe and Sound Protocol (SSP)



Referral Process

To refer to WHR Allied Health, please complete this form and return it to our administration via email (admin@whralliedhealth.com) or by providing the required detail by phone 0431 556 720.

Once we have received the referral details, we will contact you within 48 hours. Please ensure consent is received from the client or their representative before completing this referral.

Referral Information				
Referrer name:		Referrer		
		phone:		
Referrer email:				
Client Name: (as per NDIS Plan)		Preferred		
	01 /11 11 /11 71	Name:		
Identifies as: (please circle or add your preferences)	She/Her He/Him The	em/They Refer by name		
Cultural identity: (If you would	like to share)			
You may have different ne	eds but			
will have the same rights o	and can			
expect the high standard o	of service			
Client Address:				
Cl. + DOD		Cl: + DI		
Client DOB:		Client Phone:		
Client email:				
Alternative contact &		Alternative		
relationship to the		contact phone:		
client:				
Alternative contact				
email:				
Do you currently have an Occupational Therapist?				
Do you require ongoing occupational therapy				
from WHR Allied Health?				

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WHR Allied Health uses a strengths-based approach. In the therapeutic process, it is helpful for us to

know what the client enjoys doing or does well.			
Strengths – what do you enjoy?			
•			
•			
•			
Important information about your experiences to date			
Whilst we complete a comprehensive intake process with each client prior to being accepted into any of our therapy services, the following information assists us in allocating the referral and developing a suitable SSP journey. Please note that questions may be skipped if that is the preference.			
1. Please provide us with some detail about the client's diagnosis or specific challenges:			
2. How did you hear about SSP?			
3. Have you previously engaged with any other listening therapies? a. If yes, when and what was this called?			



4. What are your goals/desired outcomes?

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5. What is your timeframe/when ideally would you like to complete the SSP?

Please note we do not recommend completing the SSP during periods of big life changes, e.g., marriage dissolution, loss of loved ones, new school/job transitions, moving/relocating.

NDIS Plan Details (if applicable)				
NDIS#				
NDIS Plan start date:		NDIS Plan end date:		
TVD13 Train start date.		The Francisco		
Please let us know if you	New clients: 23.5 hours of occupational therapy supports (includes OT			
know how many hours or the allocated budget of supports you would like allocated to	Initial A	Assessment) – \$4,558.76		
WHR Allied Health supports.	Access to the SSP is \$100 per course for one week (some individuals may be recommended or choose to complete the SSP Balance program after 6 weeks, which will incur a second \$100 fee).			
Please advise how your invoiceSelf-managedNDIA managed	s will be	managed, circling your preference as reported to the NDIA:		
_	/ider, if s	o, please name the FMP:		
_		ent in place, we will provide you and the FMP with a copy so that		
		o WHR Allied Health and not unintentionally accessed by		
Service Booking on MyPlace ba		nt. In addition, where the plan is NDIA managed, we will create a he Service Agreement details.		
Is funding available in your NDI	S Yes	No		
Plan under 'Improved Daily Living'?		If not, you will need to be either self/plan managed to claim OT supports. Alternatively, you can self-fund WHR Allied Health supports.		