

SPEECH THERAPY REFERRAL FORM

PARTICIPANT INFORMATION			
FULL NAME		NDIS NUMBER	
DATE OF BIRTH		PHONE NUMBER	
ADDRESS		EMAIL	
PRIMARY LANGUAGE		INTERPRETER REQUIRED? (YES/NO)	

GUARDIAN / REPRESENTATIVE (IF APPLICABLE)			
FULL NAME		EMAIL	
RELATIONSHIP TO PARTICIPANT		PHONE NUMBER	

PLAN MANAGEMENT DETAILS			
PLAN MANAGER		PLAN MANAGER EMAIL	

REFERRER DETAILS			
FULL NAME		PHONE NUMBER	
POSITION		EMAIL	
ORGANISATION (IF APPLICABLE)			

REASON FOR REFERRAL	<input type="checkbox"/> SPEECH DELAY	<input type="checkbox"/> STUTTERING
	<input type="checkbox"/> LANGUAGE DELAY	<input type="checkbox"/> SOCIAL COMMUNICATION DIFFEICULTIES
	<input type="checkbox"/> ARGUMENTATIVE & ALTERNATIVE COMMUNICATION (AAC)	<input type="checkbox"/> FEEDING & SWALLOWING CONCERNS
	<input type="checkbox"/> OTHERS (PLEASE SPECIFY)	

RELEVANT MEDICAL / DEVELOPMENT HISTORY

Empty space for relevant medical / development history.

CURRENT SUPPORTS & SERVICES

IS THE PARTICIPANT CURRENTLY RECEIVING SPEECH THERAPY?

- YES
 NO

OCCUPATIONAL THERAPY

PSYCHOLOGY

PHYSIOTHERAPY

OTHER

GOALS FOR SPEECH THERAPY

PREFERRED APPOINTMENT DETAILS

PREFERRED LOCATION

- CLINIC
- HOME
- TELEHEALTH

PREFERRED DAY / TIMES:

HOME/LOCATION RISK ASSESSMENT

HIGH RISK SCREENING	FURTHER INFORMATION AND PROPOSED CONTROLS	RISK LEVEL RATE THE RISK AS LOW/MED/HIGH
<p>Is there knowledge of the home situation That indicates there may be a risk to staff visiting the home? For example:</p> <ul style="list-style-type: none"> • Is it expected all involved parties will be agreeable to a home visit? • Violence • Threatening behaviour • Innapropriate behaviour • Neighbours • Mental health issues • Weapons • Substance abuse 		

QUESTION TO ASK PARENT/GURADIAN/ CAREER TO ASSESS RISK INVOLVED	REFER RESPONSE, ADDITIONAL INFORMATION AND ANY PROPOSED CONTROLS	RISK LEVEL RATE THE RISK AS LOW/MED/HIGH
<p>Will the hours of 8am – 5pm be suitable for the visit?</p> <ul style="list-style-type: none"> • If times outside daylight hours are nominated how will this be managed? Does it change the risks? Will employee contact person be available? 		
<p>Who lives in the home? Who is likely to be in the home during the visit?</p>		
<p>Will the client be advised of the visit before the staff arrive at the home?</p>		
<p>Will the client be distressed/aggressive, due to the employee visiting the home?</p>		

ACCESS TO THE HOME/PROPERTY – SLIP/TRIP/FALLS		
Is the property difficult to get to? Isolated/remote location, high rise flat?		
Is it difficult to access parking outside the home? e.g. narrow street, steep/long driveway, acreage, location of room/unit in complex.		
Is there easy access to the home? e.g. slippery due to rain, on a hill?		
Could the visit take place outside the home? Is it best to conduct the conversation outside of the house on the property, or meet at the gate?		

MANUAL HANDLING (DEPENDS ON VISIT PURPOSE, E.G. THERAPY/NURSING)		
Will any manual handling tasks be conducted during the visit? Will manual handling equipment be available in the house? Any issues with use of equipment? e.g. knowledge, space, suitability.		
BIOLOGICAL		
Is anyone in the home unwell?		
ANIMAL		
Are there animals at the home? If yes, will they be restrained/isolated for the duration of the home visit?		
BIOLOGICAL AND CHEMICAL – PERSONAL PROTECTIVE EQUIPMENT (PPE)		
Will employees need PPE for the nature of the tasks/duties?		

ANYTHING ELSE THAT'S RELEVANT?

Are there any potential hazards employees should be aware of when visiting the home? e.g. access issues, renovations.

What measures are in place for managing risk of violence and aggression.

CONSENT & SIGNATURE

I, _____, consent to this referral and to the sharing of relevant information with Stirling Supports for the purpose of speech therapy assessment and intervention.

Signature: _____ Date: __/__/____