



Referral Checklist

1. Complete the Referral Form

1) Online:

<https://somersethealth.com.au/referral/>

OR

2) Complete the paper form

Referral Form

OCCUPATIONAL THERAPY REFERRAL

Source of The Referral

Somerset Health

REFERRAL FORM

SOURCE OF THE REFERRAL

Referrer's Contact Details:	Name:
	Phone:
	Email:
	Company or Organisation:

2. Complete the Additional Information Form

❖ Include the client's NDIS plan goals

❖ Attach any reports on file:

- medical
- other health professionals

Somerset Health

ADDITIONAL INFORMATION FORM

CLIENT'S SUPPORTS

Other Contact Person/s*:	Name:
	Phone:
	Email:
	Address:
	Name:
	Phone:
	Email:
	Address:

Best contact person for appointments?



+



3. Complete the Consent Form

1) Public guardian, DOC child protection case manager, or parent to complete, if relevant

OR

2) Client completes with OT at initial consult

Somerset Health Privacy Statement

RESPECT AND COLLECTION OF PERSONAL INFORMATION

'Personal information' relates to any information Somerset Health may hold which is identifiable as being about you.

Somerset Health respects your right to privacy and is committed to safeguarding the privacy of our clients and website visitors. All personal information will be collected, stored, and shared only with consent and in accordance with the Privacy Act 1988 (Commonwealth) and Information Privacy Act 2009 (Commonwealth).

Somerset Health

CONSENT TO SHARE AND RELEASE PERSONAL INFORMATION

CLIENT DETAILS:

Title:	
Sex:	☐ Female ☐ Male ☐ Other
Full Name:	