Sydney Community Services
HOME MAINTENANCE & MODIFICATIONS SERVICE

Unit 7, 6 Chaplin Drive
Lane Cove West NSW 2066
Tel: 02 8459 7178– Fax: 02 9427 7933
Email: support@sydneycs.org

OCCUPATIONAL THERAPIST REFERRAL FORM

CONFIDENTIAL

REFERRAL FROM: ☐ HOSPITAL ☐ AGENCY

OT NAME: TEL: DATE:

REFERRAL FOR

☐ MR ☐ MRS ☐ MISS ☐ MS

MY AGED CARE NO: OT REFERENCE NO:

PLEASE SELECT PENSION TYPE: ☐ FULL ☐ PART ☐ DVA ☐ OTHER ☐ NONE-SELF FUNDED

ADDRESS:

SUBURB: POST CODE:

DATE OF BIRTH:

PHONE NUMBER: MOBILE NUMBER:

DAYS AVAILABLE PLEASE SELECT ☐ M ☐ T ☐ W ☐ T ☐ F BEST TIME TO CALL:

PLEASE SELECT: ☐ LIVES ALONE ☐ MARRIED ☐ LIVES WITH FAMILY ☐ LIVES WITH OTHERS

PLEASE SELECT: ☐ HOME OWNER ☐ RENTING

PLEASE SELECT: ☐ AGED ☐ DEMENTIA ☐ YOUNG PERSON WITH A DISABILITY

COUNTRY OF BIRTH: IS ENGLISH THE FIRST LANGUAGE: ☐ Y ☐ N ABORIGINAL / TSI: ☐ Y ☐ N

OTHER CONTACT DETAILS: ☐ CARER: ☐ RELATIVE: ☐ FRIEND:

NAME: PH: MOB:

BILLING DETAILS: ☐ CLIENT ☐ DVA ☐ CARER RESPITE ☐ OTHER AGENCY COMMENT:

IS CLIENT AWARE THERE WILL BE A CHARGE: ☐ Y ☐ N

- A VERBAL QUOTE WILL BE GIVEN TO JOBS UNDER $1000.00
- QUOTE BASED ON ASSUMPTION THAT FIXING POINTS ARE SUITABLE
- ALL NON STOCK SIZE ITEMS MAY REQUIRE A DEPOSIT PRIOR TO THE JOB COMMENCING
- PLEASE MAKE SURE THAT ALL DETAILS ARE COMPLETE

THANK YOU

NUMBER OF SHEETS FOR THIS REFERRAL INCLUDING COVER SHEET: