NDIS & Clinical Continence Services
NDIS Referral Form

Continence Foundation of Australia

Please complete the following to the best of your ability.
Referrals may not be accepted or there can be delays in booking services if key details are omitted.

Date of Request:

Participant Details

First Name: **Surname:**

Date of Birth: **Gender:** **Preferred Pronouns:**

NDIS Number: **Plan End Date:**

Participant Address:

This address is *(Please tick)* ☐ Own/Family Home ☐ SDA/Supported Accommodation ☐ RAC/Nursing Home ☐ Other

Phone: **Email:**

Please note who these details are for if not for the participant directly.

Referrer Details

Referrer name:

Relation to participant: *(Please tick)* ☐ Self ☐ Parent ☐ Next of Kin ☐ Support Coordinator ☐ Accommodation Service ☐ Legal Guardian/POA ☐ Advocate ☐ Other

Organisation:

Phone: **Email:**

Guardian/Nominee/Person Responsible

Guardian/Nominee/Person responsible name:

Relation to participant: *(Please tick)* ☐ Self ☐ Parent ☐ Next of Kin ☐ Support Coordinator ☐ Accommodation Service ☐ Legal Guardian/POA ☐ Advocate ☐ Other

Phone: **Email:**

Communication

Who is the best person to contact: *Please provide relationship and contact details if not already listed.*

How did you hear about our service: *(Please tick)* ☐ Word of mouth ☐ Internet ☐ Social Media ☐ Referred by other professional/service ☐ Promotion at expo/event ☐ Participant previously accessed service ☐ Other (please describe)

Is an interpreter required? ☐ Yes ☐ No If Yes, which language/dialect?

Aboriginal and Torres Strait Islander Identity:

☐ Neither Aboriginal nor Torres Strait Islander ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

GP Name/Contact Details:

Reason(s) for Referral *(Please tick)*

☐ Continence Assessment/Report ☐ Bedwetting ☐ Catheter Care ☐ Bladder Management ☐ Bowel Management ☐ Product Recommendations ☐ Nurse Provided Training (detail): ☐ Other/Details of request:

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Appointment Location Preference

☐ Telehealth (Video/Phone) ☐ Home/Community Visit

*(We provide primarily telehealth services with limited face to face support in Melbourne and Sydney – we will let you know if we have capacity to meet your request for a home/community visit, or call us on **1800 92 92 62** to discuss)*

Disability Details

Disability/Diagnoses: *(Please detail and tick below as relevant)*

☐ Autism Spectrum Disorder
☐ Intellectual/Dev. Delay
☐ Acquired Brain Injury
☐ Down Syndrome
☐ Mental Health
☐ Spinal Cord Injury
☐ Spina Bifida
☐ Other Physical
☐ Cerebral Palsy
☐ MS or other Neurodegenerative
☐ Hearing
☐ Vision
☐ Non-verbal
☐ Dementia
☐ Other:

NDIS Payment Details

NDIS Service Agreements are based on the below cost table, and the initial service booking is always for 6 hours, with a minimum billing of 5 hours. If further services are required after the initial assessment and report (5-6 hours depending on complexity), a further service agreement will be sent.

Agreed Supports	Category	Hours Billed	Hourly Rate
Continence Assessment, Report and Prescription provided by a Nurse Continence Specialist (NCS). This may also include follow up, liaison, ordering of samples and preparation of materials relevant to continence care.	*Delivery of Health Supports by a Clinical Nurse Consultant (CNC) – Weekday Daytime (15_418_0114_1_3)*	*Min 5 – up to 6 hours*	*$157.61 (Min. $788.05)*
Continence Training, Reviews and Health Supports provided by a NCS.	*Delivery of Health Supports by CNC-Weekday Daytime (15_418_0114_1_3)*	*Min 1 hour*	*$157.61*
Catheter Services	*Delivery of Health Supports by CNC-Weekday Daytime (15_418_0114_1_3)*	*Min 1.5 hours + Travel Fee*	*$157.61*
**Travel Fee if External Visit - Per NDIA Item Price Guide*	*Delivery of Health Supports by CNC-Weekday Daytime (15_418_0114_1_3)*	*Max 30 mins each way*	*$157.61*

Please select payment method: ☐ NDIS Agency Managed ☐ Self Managed ☐ Plan Manager

Funds are available in the participant plan:

☐ CBDA (usual) ☐ CORE (possible) ☐ EITHER

Invoice Details for Private, Self and Plan Managed

Name:

Organisation (if applicable):

Email: **Phone:**

With the participant's consent, please provide a copy of the plan, including the goals, dates and showing availability of funds. Please ensure all details are provided on this form if this is not possible.

NDIS Registered Service Provider Details: Continence Foundation of Australia

Phone: 1800 92 92 62
Email: clinical@continence.org.au
ABN: 84007325313

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Surrey Hills, VIC 3127

Sydney Office:
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Newington, NSW, 2127