

# AGED CARE REFERRAL FORM

National 360  
Suite 41, 296 Bay Rd. Cheltenham, VIC, 3192 | PO Box 24, Black Rock VIC 3193  
1300 340 440 | info@national360.com.au | www.national360.com.au



## CLIENT DETAILS

First Name

Last Name

Date of Birth

Phone

Gender      Female    Male    Prefer not to say    Non-binary

Email

Residential Address

Suburb

State

Postcode

Translator/interpreter or communication aids required?

Preferred Language

Medical History:

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## REFERRER DETAILS

Please select this box if you are referring yourself

Name of Organisation

First Name

Last Name

Phone

Postcode

Email

Job Title/Role

## REFERRAL REASON

(Please select more than one option if applicable)

HOME CARE PACKAGE (Initial assessment)

OT

PT

SHORT TERM RESTORATIVE CARE

OT

PT

TRANSITIONAL CARE PROGRAM

TRANSITIONAL CARE PROGRAM

EQUIPMENT ASSESSMENT

OT

PT

PHYSIOTHERAPY SESSIONS

PHYSIOTHERAPY

OTHER

OTHER

Referral Reason & Desired Outcome:

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## SERVICES

Occupational Therapy Hours	At \$139.00 +gst hour (minimum 1.5 hours for an initial assessment and 30 mins for subsequent sessions - travel not included.)
Physiotherapy Hours	At \$145.00 +gst hour (minimum 1 hour for initial assessment and 30 mins for subsequent sessions - travel not included.)
Travel	Travel charged at the hourly rate up to 30 mins. We will seek additional approval for travel expected to exceed 30 mins.

## Total Hours

## BILLING

Name of person responsible for the account  
Invoices to be emailed to  
Phone number

## SAFETY

*(In order to proceed with your referral all questions must be answered.)*

Is anyone at your/the client's property, known to be aggressive or violent?	Yes or no? If yes details
Does anyone at your/the clients property have a criminal history?	Yes or no? If yes details
Is there a history of drugs or alcohol misuse at the property?	Yes or no? If yes details
Are you aware of any firearms being stored at the property?	Yes or no? If yes details
Are you aware of any occupant having an infectious disease? (i.e. chicken pox / Covid-19 / gastro, etc.)	Yes or no? If yes details
Do you have any pets at your premises?	Yes or no? If yes details
Are there any other factors we should be aware of?	Yes or no? If yes details

## TO COMPLETE THIS REFERRAL FORM

Please return completed form to:  
**[info@national360.com.au](mailto:info@national360.com.au)**

### Person completing this form:

Please insert your name, sign and date to authorise National 360 services to commence, based on the information provided in this form. Please note that the information provided above will form the contractual service agreement between National 360 and the participant or their authorised representative.

## PRINT AND SIGN

Print Name

Signature

Date