



**DESERT THERAPY  
Private Referral Form**

Please forward referral form to [referrals@deserttherapy.com.au](mailto:referrals@deserttherapy.com.au)

<b>Referral Date</b>			
<b>Client Personal Details</b>			
<b>Name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
<b>Communication Needs:</b>	<b>Interpreter Required:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Language Spoken:</b>		
<b>Behavioural and Risk Notice</b>	<input type="checkbox"/> Criminal History: <input type="checkbox"/> Drug/Alcohol history: <input type="checkbox"/> Aggression <input type="checkbox"/> Absconding <input type="checkbox"/> Other:		
<b>Relevant Contact details</b>			
<b>Main Contact/ Next of Kin:</b>	<b>Name:</b> <b>Relation:</b> <b>Phone:</b> <b>Email:</b>	<b>Billing contact:</b>	Same as NOK: <input type="checkbox"/> <b>Name:</b> <b>Phone:</b> <b>Email:</b>
<b>School Detail</b>		<b>Phone:</b>	
<b>Doctors Name:</b>		<b>Phone:</b>	

**Clinical details overleaf**



## Referral Information:

### Reason for Referral:

**Disability / Diagnosis (please include diagnosis and medical information and attach relevant documentation):**

<input type="checkbox"/> <b>Speech Pathology:</b>			
<i>Assessment and Report ONLY</i>	<input type="checkbox"/>	<i>Assessment and Therapy</i>	<input type="checkbox"/>
Difficulty speaking, listening, and understanding			<input type="checkbox"/>
Verbal	<input type="checkbox"/>	Non-verbal	<input type="checkbox"/>
Dysphagia Management: difficulty eating, drinking, and swallowing food and fluids			<input type="checkbox"/>
Are they already on a modified diet?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please list)	<input type="checkbox"/>		

<input type="checkbox"/> <b>Occupational Therapy:</b>			
<i>Assessment and Report ONLY</i>	<input type="checkbox"/>	<i>Therapy and Assessment</i>	<input type="checkbox"/>
Home Assessment	<input type="checkbox"/>	Equipment Prescription	<input type="checkbox"/>
Functional Assessment	<input type="checkbox"/>	Care Needs Assessment	<input type="checkbox"/>
Sensory Assessment	<input type="checkbox"/>	Developmental Assessment	<input type="checkbox"/>
Wheelchair Assessment	<input type="checkbox"/>	Manual handling / Transfer Assessment	<input type="checkbox"/>
Driving Assessment	<input type="checkbox"/>	Other (please list)	<input type="checkbox"/>

<input type="checkbox"/> <b>Physiotherapy:</b>			
<i>Assessment and Report ONLY</i>	<input type="checkbox"/>	<i>Therapy and Assessment</i>	<input type="checkbox"/>
Gross motor skills	<input type="checkbox"/>	Exercise Prescription	<input type="checkbox"/>
Falls assessment and prevention	<input type="checkbox"/>	Hydrotherapy	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Mobility Assessment	<input type="checkbox"/>
Equipment Prescription	<input type="checkbox"/>	Weight Management	<input type="checkbox"/>
Gait Training	<input type="checkbox"/>	One on One Exercise sessions	<input type="checkbox"/>

<input type="checkbox"/> <b>Exercise Physiology:</b>			
<i>Assessment and Report ONLY</i>	<input type="checkbox"/>	<i>Therapy and Assessment</i>	<input type="checkbox"/>
Permanent Disability/Impairment requiring EP:			
Other relevant medical/ Musculo-skeletal conditions:			
Obesity	<input type="checkbox"/>	Neurological	<input type="checkbox"/>
Chronic disease Management	<input type="checkbox"/>	Spinal Cord	<input type="checkbox"/>
Maintain/improve specific activities	<input type="checkbox"/>	Mobility Assessment	<input type="checkbox"/>
Balance exercises/falls prevention	<input type="checkbox"/>	Maintain/improve mobility	<input type="checkbox"/>
Gain higher level of independence	<input type="checkbox"/>	Improve health and wellbeing	<input type="checkbox"/>
		Deconditioning	<input type="checkbox"/>
		Hydrotherapy	<input type="checkbox"/>
		Weight Management	<input type="checkbox"/>
		Improve stamina strength	<input type="checkbox"/>
		Build capacity for daily living	<input type="checkbox"/>



# DESERT THERAPY

Water based activities

Community settings

**Preferred or requested way to exercise**

Walking

In Gym setting

In clinic setting

In home setting

DESERT THERAPY ABN 59 630 016 330

LOCATION: 4/1 Colson Street, Alice Springs NT 0870

PHONE: 08 8960 5905

POSTAL ADDRESS: PO Box 4274, Alice Springs NT 0870

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