

## NDIS /HCP - Therapy Intake Form

Please complete the form to schedule your initial session with Pain Free Physio & Allied Health and kindly email your request to <a href="weekergequest-norm">weekergequest-norm</a> wecare@painfreephysio.com

Participant Details				
*Full Name:	First name: Last name:			
*Gender:				
*Date of Birth:				
Address:				
*Phone:				
Email:				
Primary Diagnosis.				
Contact Person Details				
*Is the contact person the same as the person needing the therapy? *	□Yes □ No.			
*If no, please provide the contact detail:	What best describes you?  □ Carer □ Family □ Support Coordinator □ Local Area Coordinator □ Plan Manager  Company: Full name: Phone: Email:			
Best time to call to discuss further details:				



Therapy Details						
*Type of Service Needed:	□Physiotherapy	□Diet	etetics   Podiatry			
	□Occupational Ther	ару	Remedial Masasge			
	□ Chiro practices		□Acupuncture			
*Preferred Delivery Mode	□In-Clinic		□Telehealth			
	☐ Home service: plea	me service: please ensure the participant's home				
	address is provided for travel cost calculation.					
*Preferred Day and Time:						
Payment Details (if you know it)						
Invoice Title:						
Email Invoice to:						
If you are under NDIS funding:						
NDIS Number:						
NDIS Plan Start Date:						
NDIS Plan End Date:						
How is your NDIS Plan managed?						
☐ The NDIS manages my plan (Agency Managed)						
☐ I manage my plan myself (Self-Managed) ☐ A Plan Manager manages my plan (Plan Managed)						

## What will happen next?

Please ensure you have completed this form as detailed as possible and submit to our receptionist or email to [wecare@painfreephysio.com]. Our team will be in touch with the contact details provided above. Any missing information will delay the booking process.