MOVEIFY HEALTH SOLUTIONS

Exercise Physiology Referral Form

Email completed form to ryan@moveifyhealth.com · 0435 524 991 · 4 George St, Williamstown SA 5351
Accredited Exercise Physiologist (ESSA) · NDIS (self & plan-managed) · DVA · Medicare CDM · Private

1. REFERRER

Person completing form (if not referrer): Date:

Referrer name / role: Organisation:

Phone: Email: Provider no. (if GP/medical):

Client permits us to contact you? ☐ Yes ☐ No

☐ Please send progress / outcome reports to me

2. CLIENT

Full name: Date of birth:

Phone: Email:

Address:

Preferred contact: ☐ Phone ☐ Email ☐ Via referrer

Documents / reports by: ☐ Email ☐ Post

Interpreter required? ☐ No ☐ Yes Language / accessibility needs:

Guardian / nominee / carer (name, relationship, contact):

Permission to contact guardian/carer? ☐ Yes ☐ No ☐ N/A

3. REASON FOR REFERRAL

Primary reason / diagnosis:

Relevant medical history & current medications (or attach health summary):

Red flags / precautions (cardiac, falls risk, post-op restrictions, behavioural):

Goals the client / referrer wants addressed:

Other providers involved (physio, OT, psych — incl. usual treatment days):

4. FUNDING — TICK ONE AND COMPLETE THAT BLOCK

☐ **NDIS** we accept self-managed and plan-managed participants only

NDIS participant number: Plan start: Plan end:

Plan management: ☐ Self-managed ☐ Plan-managed ☐ NDIA-managed (unable to accept)

Plan manager (name / org / invoice email):

Support coordinator (name / org / phone / email):

Funding budget: ☐ Improved Daily Living ☐ Improved Health & Wellbeing ☐ Unsure Approx. funding available:

NDIS plan goals relevant to this referral:

☐ **DVA** no cost to the client — DVA billed directly

Card: ☐ Gold ☐ Gold TPI ☐ White DVA file number:

If White Card — accepted condition(s) this referral relates to:

D904 / treatment cycle referral: ☐ Attached ☐ Will follow (required before first appointment)

Usual GP (name / practice / contact — for End of Cycle Report):

☐ **Medicare CDM** GP Chronic Disease Management plan

CDM plan / referral: ☐ Attached ☐ Will follow EP sessions allocated (of 5/yr):

Referring GP provider number:

☐ **Private / insurance / other** incl. Return to Work SA

Detail: Claim no. + case manager (if compensable):

5. HOW DID YOU HEAR ABOUT MOVEIFY? (optional)

☐ GP ☐ Physio ☐ Support coordinator ☐ Plan manager ☐ Friend / family

☐ Existing client ☐ Web search ☐ Social media Other:

6. CONSENT

☐ The client consents to this referral and to Moveify contacting them directly.

☐ The client consents to relevant health information being shared between the referrer and Moveify for the purpose of care.

Signature: Date:

Privacy: Moveify Health Solutions handles personal information under the Privacy Act 1988 (Cth). Policy: moveifyhealth.com/privacy-policy

WHAT HAPPENS NEXT

1. We contact the client within 2 business days.
2. NDIS: service agreement issued and signed before the first session. DVA: first appointment booked once the D904 is received.
3. You receive confirmation of the first appointment, and outcome reporting per scheme (DVA End of Cycle Report to the usual GP; NDIS progress reports as agreed; CDM letter back to the GP).

EMAIL COMPLETED FORM TO: ryan@moveifyhealth.com