

Vivir Healthcare | NDIS Telehealth Referral Form

Section 1: Personal Information

Participant's NDIS number:		NDIS start and end date:	
Participant's date of birth:		Plan review date (if	
Participant's name:		Representative name:	
Participant's contact number:		Representative contact number:	
Participant's email:		Representative's email:	
Participants address:			
Preferred contact person name		Preferred contact person contact number	
Relationship with participant		Preferred contact person contact email	
Support Coordinator Name:		Support Coordinator Company	
Support Coordinator number:		Support Coordinator email:	
Management type:	<input type="checkbox"/> NDIA managed <input type="checkbox"/> Plan-managed <input type="checkbox"/> Self-managed		
Plan Manager's company/ABN:		Plan Manager's phone:	
Plan Manager's email:			

Section 2: Services Information

Reason for Telehealth Service Request/referral. <i>Please refer to Service Requirements attached</i>			
Onsite assistance for Telehealth appointment: <input type="checkbox"/> Support Provided <input type="checkbox"/> Vivir AHA			
Device used to access online consultation has: <input type="checkbox"/> Camera <input type="checkbox"/> Internet <input type="checkbox"/> Audio <input type="checkbox"/> Only Telephone Access Available			
Relevant medical history			
Required services: <i>Please note: The scheduled visit will only be for the requested type(s) of service.</i>	Profession required:	Disability diagnosis	
	<input type="checkbox"/> Occupational Therapist		
	<input type="checkbox"/> Physiotherapist		
	<input type="checkbox"/> Speech Pathologist		
	<input type="checkbox"/> Dietitian		
<input type="checkbox"/> Exercise Physiologist			
<input type="checkbox"/> Allied Health Assistant	Session frequency:		
<input type="checkbox"/> Telehealth to you Bundle *Vivir AHA + Telehealth clinician visit, check availability	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> One-Off		
	Assessments (if required):		
Service agreement required hours:		Participants approved funding:	
Funding codes to be used			
Goals of NDIS plan related to service request			

Please note: Participant's approved hours incorporate both face-to-face session times and non-face-to-face report writing.

Please send your **completed referral and NDIS plan** to ndisreferrals@vivir.com.au

Having trouble filling in the form? Here is some additional information.

Representative: This could be the participant's care giver, family member or friend. In some cases, this could also be a support coordinator. A service agreement will be sent through to this individual if the participant's contact email is not provided.

Support coordinator: A support coordinator is a service included in some NDIS plans to assist participants with accessing services. If you have a support coordinator who supports with your services, please include their details so we can liaise with them as appropriate. If you are unsure, please leave blank as this service is optional.

Plan management: If you are plan managed, please fill in the plan managers information for invoicing purposes. If you are self-managed or NDIA managed, please leave this section blank.

Approved funding/hours: We require clarification on the amount of funding and number of hours you would like to use so that we can set up a service agreement. If this is not provided, we will be unable to send through a service agreement. Keep in mind that participant's approved hours need to incorporate both face-to-face session times and non-face-to-face report writing. If you are requesting multiple types or highly complicated assessments, this will require a higher hour agreement.

Section 3: Home Safety

Access to Property	
Visible from the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking nearby?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access via front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level (flat) access to home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will someone be able to open the front door to greet clinician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not appear to be at home when the clinician arrives, what would you like us to do? (tick all that apply)	<input type="checkbox"/> Call <input type="checkbox"/> Call NOK <input type="checkbox"/> Call support coordinator <input type="checkbox"/> Call emergency services
Type of accommodation	<input type="checkbox"/> House/Townhouse <input type="checkbox"/> Apartment/Unit <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Caravan Park <input type="checkbox"/> SRS <input type="checkbox"/> SDA Facility/Home <input type="checkbox"/> Other (please specify) _____
Occupants	
Who do you normally live with?	<input type="checkbox"/> Alone <input type="checkbox"/> Partner <input type="checkbox"/> Carer <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Siblings <input type="checkbox"/> Roommates / shared accommodation <input type="checkbox"/> Other (please specify) _____
Will anyone else be home during the appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Would anyone at home be upset by us visiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:

Does anyone at home drink a lot of alcohol or take drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: Will this place our worker at risk?
Does anyone have any weapons in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: Are they securely locked?
Does anyone smoke at home? Note: occupants cannot smoke during the appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: Please note, they cannot smoke during the appointment.
Does anyone in the home have a contagious illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Do you have any animals at home? <i>Note: Animals must be restrained and/or isolated away from the working environment prior to and for the duration of the visit.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: Will they be outside/secured during the appointment?
Should the clinician phone ahead of the appointment to allow you to secure animals / organise anything prior to the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Client Considerations		
Consulted High Risk Accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Are there any previously identified alerts/risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Are there any behaviours of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Is there known history of aggression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Name:	
Signature	
Date	

NDIS Telehealth: Service Requirements

Service Coverage and Personnel

Vivir Healthcare Telehealth (TH) clinicians can service community and NDIS referrals via two ways:

1. **As a fully virtual visit, conducted over a video call**
OR
2. **A virtual visit with in-person support by a Vivir Allied Health Assistant (AHA): Telehealth 2 You (TH2U)**

Once a referral is accepted, our Workforce Planning team will facilitate our clinical team to connect with participants and proceed with scheduling the visit.

1. Fully virtual visit

Telehealth referrals completed as a virtual visit require the participant or their representative to provide the following:

- **Computer, tablet or mobile device with a camera and microphone.**
- **Stable internet connection.**
- **A quiet, private location to conduct the appointment.**

Instructions on how to access the video call software will be provided to the participant or representative prior to the appointment, as well as any other profession-specific equipment or environmental set-up requirements.

General Tips:

- Make sure you have the latest version of the software and that your device is compatible with it. It's a good idea check your settings, microphone, camera and speakers before starting the consultation.
- If you experience video issues, such as lost connection or poor reception, contact the clinician via email/phone as soon as possible. They may be able to guide you through the consultation using audio only, or ask you to send feedback or photos via email or text message.
- Try moving to a different area, where you have a better internet signal or Wi-Fi connection. Avoid areas with background noise or distractions that may interfere with the quality of the Telehealth session.
- Log out and back in to the Telehealth platform if you encounter any glitches or errors.

2. Telehealth with Vivir AHA Support (TH2U)

Please also read the above section and tips for connectivity and set-up in ensuring an effective TH appointment.

Telehealth referrals serviced with a Vivir AHA will come with the necessary technological and profession-specific equipment. We ask that the participant or their representative assists with a quiet, private location to conduct the appointment.

The Vivir team require Home Safety information completed prior to our first visit to the participant's home or workplace. **We ask the participant or their representative please fill out section 3 'Home Safety' of this referral form.**