

# Community Allied Health Referral Form

## Telehealth (Online Consultation)



CLIENT DETAILS	Name of referrer		Date of request		
	Company/facility name <i>(if applicable)</i>		Referrer contact no.		
	Referrer email address		Relationship to client		
	Name of client		Client contact no.		
	Client date of birth		My Aged Care Number		
	Client address		Client State		
	Email address to utilise for online consultation				
	Medical history <input type="checkbox"/> Attached <i>(If not, please provide details)</i>				
Reason for referral & Client notes	Onsite assistance for Telehealth appointment: <input type="checkbox"/> Support Provided <input type="checkbox"/> Vivir AHA				
SERVICES REQUIRED	PLEASE NOTE: The scheduled visit will only be for the requested type of service	<b>Profession (tick which apply)</b>		<b>Appointment preferences (Multiple)</b>	
		<input type="checkbox"/> Telehealth to you Bundle *Vivir AHA + Telehealth clinician visit, check availability <input type="checkbox"/> Dietitian <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Exercise Physiologist		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
DEVICE	Device used to access online consultation has	<input type="checkbox"/> Camera capabilities <input type="checkbox"/> Audio capabilities <input type="checkbox"/> only telephone access available <input type="checkbox"/> Internet access			
NOK	Next of Kin name		Next of Kin contact no.		
	Relationship to client		Next of Kin email		
FUNDING	Funding/ Package	<input type="checkbox"/> STRC <b>Start date</b> <b>End date</b>		<input type="checkbox"/> HCP <input type="checkbox"/> CHSP	
		<input type="checkbox"/> DVA <i>DVA Referral Form attached</i> <input type="checkbox"/>	<input type="checkbox"/> Chronic Disease Management <i>Chronic Disease Management (Medicare) Referral Form attached</i> <input type="checkbox"/>		<input type="checkbox"/> Private
INVOICE	Where the invoice will be sent	Name		Contact no.	
		Address		Email	
	Purchase order details	PO Number/Approval Number (if applicable)			

Send completed referral from to:

[oncall@vivir.com.au](mailto:oncall@vivir.com.au)

Phone: 1300 184 847 (press 3 for On Call)

Referral Acknowledgement within 24 hours of receipt of referral.

## Community 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 clients/participants and proceed with scheduling the visit.

### 1. Fully virtual visit

Telehealth referrals completed as a virtual visit require the client or their support person 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 client contact 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 client or their support person 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 client/participant or their support person/representative to assist our team by reporting:

- Safe property access info (stairs, pathways, etc.)
- Parking details near the property
- Pets on the property. We ask that they are kept restrained during our visit
- If people on the property are unwell during or before the visit
- Infectious or communicable illnesses
- Safety- hazards or other property-related risks

Once we have the assessment completed, we will discuss any concerns or risks that we have. As a part of ensuring safety for care receivers and our staff, Vivir employees are required to report and document all incidents, injuries and near misses that may have occurred. As a result of an incident, there may be an occasion that a visit cannot go ahead due to safety reasons. If this is the case, we will notify care receivers directly and develop a plan to manage the risk to allow services to resume.