

- Occupational Therapy
- Speech Therapy
- Prosthetic and Orthotics
- Podiatry
- Dietetics
- Positive Behaviour Support
- Psychology and Counselling
- Physiotherapy
- Individual Support
- Gardening

Tashacare GP Allied Health Referral Form- This form is to be completed and emailed to [clientliaison@tashacare.com.au](mailto:clientliaison@tashacare.com.au) or posted to Tashacare Australia, Shop GZ07 Northcote Plaza. 3 Separation Street Northcote 3070.

Please write clearly and in black ink. Attach all relevant reports and observations. Continue an additional sheet if necessary.

PATIENT	Patient's First Name	
	Patient's Surname	
	Date of Birth	
	Address	
	Contact details	P: _____ E: _____
	Patient's Representative Name & contact details	Name: _____ P: _____ E: _____
	Language spoken at home Is an interpreter required? (indicate country of origin as well as language)	
Medicare Funding	Please advise of number of EPC sessions prescribed for the requested specialty:	

REFERRER	Referrer's Name	
	Referrer's Designation	
	Address for Correspondence	
	Telephone Number	
	Email	
	Date of referral	

CONSENT	I, the patient, consent to this referral:	Referrer Name: _____
	Patient's Name: _____	Referrer Signature: _____
	Patient's Signature: _____	Date: _____
	Date: _____	

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CONCERNS	<b>Discipline referring to (please circle):</b>	Occupational Therapy / Speech and Language Therapy / Dietetics
	<b>Specific assessment/ healthcare required:</b>	
	<b>Referrer Observations and additional Information</b>  Please continue on a separate sheet if needed or attach relevant reports	
	<b>Diagnosis / Medical History (please attach recent General Practitioner history)</b>	