



Make a referral

At Shorachi Health Group, we make it easy for you to request our services. Simply fill out our step-by-step referral form.

If you prefer to discuss your referral, you can contact our friendly Concierge team on either **0481 878 575** or email at **hello@shorachihealthgroup.com.au** and we can get you started.

STEP 1: Tell us about yourself

I am a (please select what is appropriate):

NDIS Participant

If so, go directly to STEP 2

Parent

Support Person

LAC/Support Coordinator

Plan Manager

Other, please specify:

If you are not the participant, please tell us:

Your first name

Your last name

Your phone number

Your email address

Your postcode

STEP 2: Tell us about the participant

Participant's first name

Participant's last name

Participant's preferred name

Participant's gender

Participant's preferred pronoun

Participant's date of birth

Participant's address and contact details

Number and street details

Suburb

State

Postcode

Phone

Email

STEP 3: The services required

Which services are you interested in?

Occupational Therapy

Psychology

Key Worker

Physiotherapy

Positive Behaviour Support

I am unsure

Exercise Physiology

School Leave
Employment Support

Speech Pathology

Employment-related
Assessment and Counselling

How would you prefer to receive these services?

Face-to-face

Telehealth

Either/both

Do you have an approved NDIS plan or are you awaiting approval?

I am awaiting approval

I have an approved plan

If you have an approved plan, are you ready to share this with us now?

Yes

If yes, please answer
the following questions:

No

If no, we will call you at
a later time to discuss

NDIS participant number

Plan Start Date

Plan End Date

How will funds be claimed?

Agency Managed

Plan Managed

Self-Managed

If so, fill the details below

Email address for us to send invoices to

STEP 4: Tell us more about the participant

Reason for referral

Primary disability

Other relevant health information

Is there a Guardian involved?

Yes

No

If your answer is "Yes", please answer the following questions

Name

Phone

Email

Is there a Support Coordinator involved?

Yes

No

If your answer is "Yes", please answer the following questions

Name

Phone

Email

Who is the Plan Nominee or Child Representative?

Yes

No

If your answer is "Yes", please answer the following questions

Name

Phone

Email

Will an interpreter be needed?

No

Yes. If yes, please specify preferred language:

STEP 5: Save and submit this form

Please save the document and email it as an attachment to hello@shorachihealthgroup.com.au

Please also attach additional information documents as required.

Thank you for making a referral to Shorachi Health Group. We looking forward to supporting you to get more daily function.