Request for Indigo Services

indigo. Formerly Independent Living Centre WA

Thank you for providing the following information. This general information will allow our team to prepare for your appointment and ensure the relevant equipment is available.

Please complete ALL sections, once completed please email to help@indigosolutions.org.au

Customers Details

Name:	
Date of Birth:	
Phone:	
Email:	
Address:	
Suburb:	
Postcode:	
Indigenous status:	
Country of Birth:	
Main Language spoken:	
Interpreter required:	☐ Yes ☐ No

Health Professional Details

Name:	
Organisation	
Type:	☐ OT ☐ PT ☐ SP
	☐ Other, please specify profession:
Email:	
Phone:	

Carer / Parent / Alternate Contact Details

Name:	
Phone:	
Email:	
Relationship to customer:	

Consent

Do you give consent to Indigo recording your information?			☐ Yes ☐ No
Do you give consent to Indigo to liaise with Health Professional and / or Alternate Contact listed above?			☐ Yes ☐ No
I understand that I can withdraw my consent at any time, however I understand that this could impact my service delivery.			
Customers Name:			
Signature:		Date:	

Funding / Eligibility (select all that apply)

	NDIS participant #: *Please specify number*	
	Plan Start Date:	Plan End Date:
	NDIS plan goals:	
	How is Capacity Building managed in your plan? NDIA Managed ☐ Self-Managed ☐ Plan Managed *complete details below	
	Plan Manager: Email:	

Funding / Eligibility (select all that apply)

☐	Disability Services – DSC eligible (*e.g. eligible for CAEP*)	
☐	Commonwealth Home Support Programme (CHSP)	
☐	Home Care Package	Level: *Please specify number*
☐	Insurance Commission WA (ICWA)	
☐	Worker's Compensation	
☐	Other, please specify:	

Background Information

Primary diagnosis	
Other Relevant medical history	
Reason for referral	Summary of why the referral has been sent. What are the difficulties the person is having? What are their strengths / abilities? Include any relevant details relating to the person, their carers and environment
Equipment requests	Please list any specific equipment items you wish to view. Please note, although we will endeavour to obtain these for the appointment, there is no guarantee of availability.
Current equipment used	What relevant equipment is the person currently using? Why is this not sufficient?
Mobility / Transfers	e.g. method of mobility and transfers, level of assistance required
Communication	e.g. difficulties with hearing, vision, speech, devices used, level of assistance required
Behaviours of concern	e.g. can become agitated in new environments
Other necessary information	e.g. height, weight, bariatric, petite

Please ensure **ALL** sections have been completed