



QSPEC Home Modifications Referral Form

Please return completed form to: enquiries@qspec.com.au

Occupational Therapist Name:

Organisation:

Occupational Therapist Contact No:

Occupational Therapists Email:

Date of Referral:

Client Information

Full Name:

Contact No.:

Street Address:

Suburb / Town:

Email:

Booking Contact Name:

Contact No.:

Relationship:

Clients Living Arrangements: (please tick one)

☐ Private Residence (Client or Family Owned)

☐ Private Residence - Public Rental

☐ Other _____

If the client is renting has permission been granted by the Landlord?: Y or N (If Yes please provide signed rental letter of approval form)

NDIS Participant

NDIS No.:

NDIS Plan Manager Details:

☐ Self Managed

☐ Agency Managed

☐ Plan Managed:

Plan Dates:

Name of Plan Manager:

Email Address of Plan Manager:

Modification Information

Please attach diagrams, plans or photos of the proposed modifications, including measurements and a detailed description of the requested works, to the referral email for our quoting team to review.

The more information you can provide, the more accurate the quotation will be. Once received, our team will assess the information and prepare a quotation for your review.