



QSPEC Home Modifications Referral Form

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

Occupational Therapist Name:

Organisation:

Occupational Therapist Contact No:

Occupational Therapists Email:

Date of Referral:

Client Information

Title:

Full Name:

Gender: **M** or **F** (please circle)

DOB:

Contact No.:

Street Address:

Suburb / Town:

Home Phone:

Email:

Booking Contact Name:

Contact No.:

Relationship:

Where does the client live? (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.:

Plan Dates:

NDIS Plan Manager Details:

☐ Self Managed

☐ Agency Managed

☐ Plan Managed:

Name of Plan Manager:

Accounts Email:

Existence of a Carer: **Y** or **N** (please circle)

If Yes, please provide contact name & number:

Home Care Package Client

Name of package Provider:

Name of Package Co-ordinator:

Email of Package Co-ordinator:

Department of Veterans' Affairs Client

Department of Veterans' Affairs (DVA) Card Status: (Please tick one)

☐ DVA Gold Card

☐ DVA White Card

Modification Information

Minor / Non-Complex Modifications

- Detailed description of proposed modifications including measurements
- Diagrams of the proposed modifications
- Photos of the area to be modified

Major / Complex Modifications

- Detailed description of proposed modifications including measurements
- Diagrams of the proposed modifications
- Photos of the area to be modified