

**CONTACT US**



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**QSPEC Home Modifications Referral Form**

Please return completed form to: [admin@qspec.com.au](mailto:admin@qspec.com.au)

Occupational Therapist Name:

Organisation:

Occupational Therapist Contact No:

Occupational Therapists Email:

Date of Referral:

**Client Information**

Title:	Full Name:		
Gender: <b>M</b> or <b>F</b> (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