# Ability Therapy Services Enquiry Form

#### Thank you for enquiring about Therapy Services at Ability WA.

Please call us on 1300 106 106 to discuss your Therapy support needs with our Customer Experience Team. If you would prefer, please fill in the following Enquiry Form and email it to info@abilitywa.com.au

# **Customer Details**

Name	Date of Birth
Address	
Email	Phone
Diagnosis	

If you are filling this out on behalf of the Customer, please provide your details:

Relationship to customer		
Email	Phone	

## (If relevant) Parent / Guardian / Customer Representative Details:

Relationship to customer	
Name	
Address	
Email	Phone

#### Does customer/their representative consent to store information on Ability WA CMS? Yes No

Is customer/their representative aware of this enquiry?

#### If you know what type of service you would like, please tick below:

**Comprehensive Therapy** (this includes Key Worker, full multidisciplinary therapy team, access to all Consult-Ability supports and groups and classes)

**Intensive or Targeted Therapy only** 

Therapy groups and classes only (this includes assessment and relevant reviews and reporting)

Consult-Ability (this includes Ability WA Clinical Lead for consultation, assessment and intervention support)

**Consultation only** (this includes Ability WA Clinical Lead for initial consultation only)

**Assistive Technology Comprehensive Service** (this includes Ability WA Clinical Lead and AbilityTECH (if applicable) support throughout service: consultation, trial/s, funding application, manufacture / set up and handover)

**Assistive Technology – Clinical Advisor** (this includes Ability WA Clinical Lead and AbilityTECH technical support for one off consultation only)

**AbilityTECH** (this includes access to AbilityTECH team only, no Ability WA therapy input. Note: if therapy input is required, your primary therapist must provide the comprehensive service if you choose this option.)

#### AbilityTECH repairs only

#### If you know which Therapy Service you would like to access, please tick below:

#### **Comprehensive Therapy Service**

Occupational Therapy	Social Work	
Physiotherapy	Exercise Physiology	
Speech Pathology	Therapy Assistant	
Dietitian	(must also have a relevant therapy service	

#### **Consultability Services**

#### — Assistive Technology

Posture and Mobility (includes seating and wheelchairs)

Access and Technology

Home Modifications

Sleep and Positioning

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Hand and upper limb

Lower limb and foot

Spinal

Mealtime - Speech PathologyComplex CommunicationMealtime - DietitianPsychosocial SupportsEarly ChildhoodHome and LivingYouth and AdultPositive Behaviour Support

#### How can Therapy Services support you?

What is your goal?

#### Please describe the urgency of this request:

e.g. urgent due to pressure injury, pain, swallowing / breathing difficulties

Daily Living Equipment Recreational Equipment Modifications Other

Stepping Out *(walkers)* Gait Analysis Please summarise the support you would like OR ask your therapist to write a clinical handover here:

X

### **Funding Source**

NDIS	Fee for service	DSOA / CAEP	Compensable		
Hours available:					
How did you hear	How did you hear about Ability WA?				
Thank you for your enquiry, please email this to info@abilitywa.com.au					
Office use only					

Customer contacted date:

Enquiry created date	En	quiry	created	date:	
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