



Accredited Practising Dietitian
National Disability Insurance Scheme (NDIS)
Referral Form

1. Participant Details

Participant Name: _____ DOB: _____ Phone: _____

Address: _____ Email: _____

Alternate Contact: _____ Phone: _____

Relationship to participant: _____ Email: _____

Who to Contact: ☐ Participant or ☐ Alternate Contact

2. NDIS Plan Information

NDIS Number: _____ NDIS Plan start & end date _____ - _____

NDIS/ Plan Coordinator Full Name _____ Phone _____

Email: _____ In relation to your NDIS funding, are you (please tick one):

Self-managed ☐ or NDIS/NDIA managed ☐ or Plan managed ☐

If you are **Plan managed** – please tell us the name of your ‘Plan Management Team’ to send your invoice to _____

What categories of funding do you have for dietitian in your NDIS plan.

Improved daily living ☐ Health and Wellbeing ☐ Assistance with daily life ☐

How much funding/ hours has been allocated to dietitian? _____

3. Service Required

What is the participant’s disability? _____

What is the reason for seeing a dietitian?

What are the Participant’s NDIS goals? (related to dietitian services)

Send completed form and all additional documents (if applicable) to:

Benjamin@stepnutrition.com.au

Please call 0427 561 637 for further queries.