

LEISURE BALANCE PTY. LTD.
Assessment Referral Information Form

**WHAT RECREATION SPECIALIST/THERAPIST
COMMUNITY ACCESS PLANNERS DO.....**

***We provide a unique assessment for individuals with disabilities
to improve their quality of life through participation in
recreational and leisure activities of their choice.***

***Our aim is to assess & support people to balance their life with leisure.
This can assist with adjustment to disability, improve self-confidence and
independence through participation in chosen quality recreational and
social options.***

*We are an innovative team of professionals with unique skills and experience to support people
with disabilities to pursue and develop their interests.*

*We support individual choice and aim to address all areas of a person's recreational & social
needs.*

*We assess & explore recreation/leisure/social options based on individual interests, skill level
and future potential abilities. Many options are explored including individual activities, group,
mainstream &/or specialised programs.*

*We recognise that all people have individual needs and encourage independence.
We also acknowledge that all people change over time as do their recreational needs*

See website for more information www.leisurebalance.com.au

**We work with self-funded clients and clients with funding from
TAC, Workcover, NDIS & other funding.**

Referral Process

1. If appropriate contact funding body requesting approval for a Recreation Assessment (this form can be signed by the funding body)
2. Contact Leisure Balance and complete and provide referral form
3. Provide **Leisure Balance Pty Ltd** with relevant information and reports.
4. The Assessment will be completed and you will receive a copy of the report & recommendations, we will negotiate with the funding body or the client regarding any further sessions or engagement required

Please note the assessment process will not commence until written approval is received.

Recreation Assessment, evaluation of individual client's needs & written report –

This assessment enables us to get a leisure profile, establish the client's recreational and social goals and develop a plan to support the client. We also explore other factors in the client's life, which may affect successful participation in chosen recreation and leisure pursuits.

This involves meeting with the client and other relevant people, if appropriate, reviewing any relevant reports and liaising with professionals. Researching and developing a detailed recreation plan including goals and recommended action. *(price on application)*

WHO MIGHT BE REFERRED?...

People with disabilities:

- Who don't have knowledge and/or experience in community based recreational activities so require support to explore options to be able to make an informed choice
- Who have, or need, support workers for community access/recreation
- Who know what they would like to do but don't know how, or don't have the confidence to get started
- Who need specialised equipment to participate in chosen activities
- Who are socially isolated
- Who are transitioning from rehabilitation to the community
- Who have an unhealthy focus on therapy, particularly when therapy progress is minimal
- Who are not yet ready to explore vocational and/or study options, participating in chosen recreational and leisure pursuits can help develop the confidence and skills to move towards work/study options

REFERRAL TO *Leisure Balance Pty Ltd*
RECREATION SPECIALISTS
P.O. BOX 7107, Reservoir East 3073
Ph. 0404 073 729
ryan@leisurebalance.com.au

CLIENT NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

FAMILY MEMBER (if appropriate) _____

PHONE: _____

SEX: _____ D.O.B: _____

DISABILITY FROM BIRTH: _____ OR

DATE OF ACCIDENT/INCIDENT: _____

BRIEF DESCRIPTION OF DISABILITY: _____

REFERRAL DATE: _____

FUNDING BODY: _____

REFERENCE OR CLAIM NO.: _____

PERSON TO CONTACT TO ARRANGE THE ASSESSMENT: _____

PROFESSIONALS INVOLVED:

Funding Co-Ordinator: _____

Phone: _____

Email: _____

Referrer: _____

Phone: _____

Email: _____

Case Manager: _____

Phone: _____

Email: _____

Occupational Therapist: _____

Phone: _____

Email: _____

Psychologist: _____

Phone: _____

Email: _____

Physiotherapist: _____

Phone: _____

Email: _____

Speech Therapist: _____

Phone: _____

Email: _____

Other: _____

Phone: _____

Email: _____

Other: _____

Phone: _____

Email: _____

PRIMARY REASON FOR REFERRAL:

RELEVANT REPORTS ATTACHED

Please attach any reports or information which will assist us with the assessment

COMMENTS/OTHER RELEVANT INFORMATION (e.g. potential challenges and issues and possible effect of these on successful participation in recreational and leisure activities)

REFERRING PERSON: _____
ROLE: _____
ORGANISATION: _____
ADDRESS: _____
PHONE NO.: _____ EMAIL: _____
SIGNED: _____ DATE: _____

Approval of Services as detailed above.

PLEASE EMAIL TO

ryan@leisurebalance.com.au

NAME OF FUNDING CO-ORDINATOR: _____
ROLE: _____
ORGANISATION: _____
ADDRESS: _____

PHONE NO: _____ EMAIL: _____
SIGNED: _____ DATE: _____