

Date: / /

**PROVIDER DETAILS:**

Revitalize Exercise Physiology + Pilates  
 950 Mt. Alexander Rd, Essendon, 3040 &  
 162-178 Keilor Rd, Essendon North, 3041

Ph: (03) 9016-3415      Email: [admin@revitalizexp.com.au](mailto:admin@revitalizexp.com.au)      Fax: (03) 9042-0365

**WHO TO CONTACT**

- Participant
- Alternate Contact

NDIS Participant Details			
<b>Name</b>		<b>DOB:</b>	
<b>Address</b>			
<b>Phone</b>		<b>NDIS No:</b>	
<b>Email</b>			

Alternate Contact			
<b>Name</b>		<b>Relationship</b>	
<b>Email</b>		<b>Phone</b>	

**SERVICE BOOKING AND AGREEMENT REQUIREMENTS**

- Referral for exercise physiology services

PLAN EXTRACT
Please include the participants NDIS number, plan dates and relevant support category/budget area.

GOALS
Please include participants NDIS goals.

**PAYMENT**

The participant has chosen the following payment method.

- Plan Management Provider**  
 Name of Provider:  
 Office Address:  
 Phone Number:  
 Email Address:
  
- Participant is self-managing funding**

REFERRER DETAILS			
<b>Organisation Name</b>		<b>Role</b>	
<b>Name of Referrer</b>		<b>Phone</b>	
<b>Email Address</b>			

**What happens next?** Please email a copy of this form to [admin@revitlizexpp.com.au](mailto:admin@revitlizexpp.com.au) or via fax (03) 9042-0365. For any additional information or assistance with completing the form please contact Liz from Revitalize Exercise Physiology + Pilates on (03) 9016-3415.

**What happens once we receive your information?** Once the referral is received, we will make contact to develop a service agreement. The agreement will need to be approved and signed before any services can commence. We will work with the NDIS participant and their decision maker to ensure the agreement meets their needs to organise the best supports available.