



Mobile Disability Physio

ABN 611 587 371 97

We see plan managed and self managed clients of all ages.

We are a mobile physiotherapy service providing home visits to adults and children on the NDIS.

What we provide

We provide physiotherapy assessments, reports and one on one therapy.

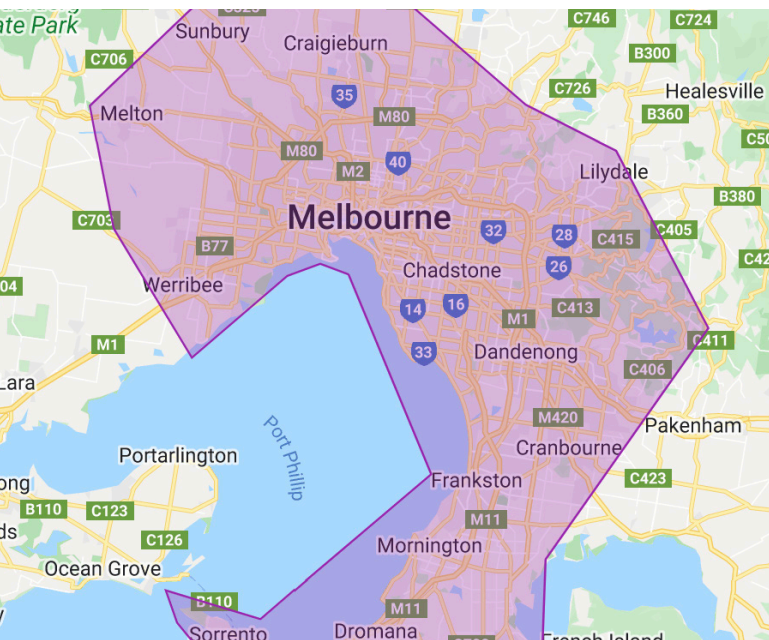
We provide exceptional physiotherapy care, working with our clients to help them achieve their NDIS goals by providing assessment and evidence based therapy.

Where we work

We travel all over Melbourne and surrounding suburbs to see clients.

We have physiotherapists based in the north, south, east and west. We group clients in an area on the same day to minimise travel costs.

If you have anyone who is in need of physiotherapy, please contact us.



Physio 4 Disability Pty Ltd

NDIS Provider no. 4050 106 963

Registered NDIS provider. We see NDIA managed clients 7 years and up.



We have immediate capacity and **no wait list.**

Customised Programs

We develop a customised program for each client which includes:

- Transfer training
- Mobility/Walking training
- Strength/Endurance training
- Balance training and fall prevention
- Stretching
- Hydrotherapy
- Managing and reducing Chronic Pain
- Neurological Physiotherapy; including clients with MND, MS, PD, CP and Stroke.
- Paediatric Physiotherapy
- Musculoskeletal physiotherapy
- Palliative Care Physiotherapy
- Physiotherapy after Surgery
- We provide Physiotherapy Reports for NDIS Plan review.

Contact Us

Mobile Disability Physio and Physio 4 Disability

☎ 0408 504 189

✉ lyn@mobiledisabilityphysio.com.au

🌐 www.mobiledisabilityphysio.com.au





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Physiotherapy Referral Form



Physio 4 Disability Pty Ltd

NDIS Provider no. 4050 106 963

All sections must be completed by the referrer.

NDIS Participant Details:

Name		Date of Birth	
Address			
Phone Number		Email	
NDIS Number			
NDIS Plan Dates		Has the client transitioned over to PACE?	

Plan Nominee:

Name	
Phone Number	
Email	

Support Co-ordinator:

Name	
Phone Number	
Email	

NDIS Plan Manager:

Name	
Phone Number	
Email	

Disability/Medical Conditions (including any diagnosis if relevant):

NDIS Goals:

1.
2.
3.
4.
5.



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Home Visit Risk Screen:

Question	Yes	No	Actions/Comments
Would anyone at home be upset by us visiting?			<i>If yes, reschedule, meet elsewhere, bring a second person? Comments:</i>
Does anyone smoke at home?			<i>If yes, as a condition of the visit please ask them to refrain from smoking inside the house during the home visit.</i>
Does anyone at home take drugs or drink a lot of alcohol?			<i>If yes, will the resulting behaviour place the worker at risk? Comments:</i>
Do you have any weapons at home?			<i>If yes, are they securely locked away? Comments:</i>
Do you have any animals at home?			<i>If yes, are they able to be restrained or placed in another room for the duration of the home visit? Comments:</i>

Client-related Considerations:

Question	Yes	No	Actions/Comments
Have there been any previously identified alerts/risks?			<i>If yes, please describe:</i>
Are there any particular behaviours of concern?			<i>If yes, please describe:</i>

Other Required Information:

Are there any special requests? (e.g. Female/male physiotherapist, Interpreter)

Total Number of hours available for physiotherapy (for Service Agreement):

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Participant preferred day and time:

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Please save your completed form and return via email to admin@mobiledisabilityphysio.com.au