



BLUEPRINT
THERAPY SERVICES
Independence, by design.

Functional capacity assessment referral

SAME-DAY REPLY

We acknowledge every referral the same business day and confirm capacity.

ASSESSED AT HOME

90 minutes to two hours in the participant's own environment.

REPORT IN 14 DAYS

Delivered within 14 days of the assessment, to whoever you nominate.

Complete what you can and send it to admin@blueprinttherapy.com.au. Gaps are fine — we will raise them with you rather than hold the referral up. Type directly into this PDF, or print and scan.

REFERRER

Your name	Organisation	Role
Phone	Email	Date of referral

PARTICIPANT

Full name	Date of birth	NDIS number
Home address (street, suburb, postcode)		Phone
Primary language	Interpreter needed? (Y/N)	Best contact for booking (participant, family, or you)

NDIS PLAN AND FUNDING

Plan start date	Plan end date	Plan review or reassessment date, if known
How is the plan managed?		
☐ Plan-managed	☐ Self-managed	☐ Nominee-managed
☐ Agency-managed — we are an unregistered provider and cannot accept agency-managed referrals. Please check before sending.		
Plan manager (name and organisation)	Plan manager email for invoices	

WHAT THE ASSESSMENT NEEDS TO ANSWER

Tick all that apply. This decides how we scope the assessment and which standardised measures we use.

- | | |
|--|---|
| ☐ Plan reassessment — function and support needs | ☐ Supported Independent Living (SIL) or SDA eligibility |
| ☐ Assistive technology — need and justification | ☐ Home modifications — minor or complex |
| ☐ Supported employment or study capacity | ☐ Change of circumstances — diagnosis, injury or decline |
| ☐ Support worker hours — reasonable and necessary | ☐ Other (describe below) |

Specific questions the report must address, and any deadline driving the request



BACKGROUND

Primary diagnosis

Other relevant conditions

Current supports and how the participant manages day to day — a few lines is plenty

Reports attached or available (tick, and attach what you have)

- | | |
|---|--|
| ☐ Current NDIS plan | ☐ Previous OT report or FCA |
| ☐ Psychology or neuropsychology report | ☐ Diagnostic, paediatric or specialist report |
| ☐ Behaviour support plan | ☐ Other (list below) |

Other people involved we may need to speak with (name, role, contact)

CONSENT

The participant, or their nominee or guardian, must be aware of and agree to this referral. We will confirm consent directly with them before the assessment and record it in the service agreement.

- ☐ The participant or their nominee is aware of this referral and agrees to it
- ☐ They consent to Blueprint contacting family or carers, the GP and other treating practitioners
- ☐ They consent to Blueprint reviewing the reports attached to this referral

Nominee or guardian, if applicable (name and relationship)

Their phone or email

WHERE THE REPORT GOES

Send the completed FCA to (tick all that apply)

- | | | |
|--|---|--|
| ☐ Participant | ☐ Referrer (you) | ☐ Plan manager |
| ☐ Support coordinator | ☐ GP | ☐ Other (below) |

Email addresses for the report, if different from above

WHAT HAPPENS NEXT

1. We reply the same business day to confirm capacity and propose assessment dates. 2. A service agreement goes to the participant or their nominee — scope, fees under the NDIS Pricing Arrangements, travel and our two clear business days cancellation notice — and is signed before anything is booked. 3. The assessment takes 90 minutes to two hours at the participant's home; family, carers and support workers are welcome. 4. The completed report is delivered within 14 days of the assessment. If we are waiting on a document that would change the findings, we tell you at the time.