Your Journey: Referral to Review | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/about-us/your-journey/

Details:

Your journey with Bloom Healthcare starts with a conversation about what you want to make easier, not a clinical label. A member of the team contacts you within 24 hours of a referral, an intake form and a signed service agreement come before any service or billing, and Bloom aims to hold the first appointment within 5 business days where possible. From there you agree goals with your clinician, work on them at home, in the community or by telehealth, and review progress together until you decide to continue, change, pause or finish. To start, call 1300 771 465 , email hello@bloom-healthcare.com.au , or make a referral .

The journey is the same in principle for children, adults and older people, and across NDIS, Support at Home, Medicare and private funding. What changes is the paperwork, who approves the service and who pays. The stages are set out in order below, with what happens, what you need to do and how long each step takes. For how quality, complaints, incidents and privacy are governed, see governance and quality at Bloom . For who Bloom is, see about Bloom Healthcare .

The journey at a glance

Enquiry. Tell Bloom what you want help with and where.

Referral. You, your family, a professional or a coordinator sends the details.

Intake. Contact within 24 hours, a welcome email and intake form, then triage and risk assessment.

Allocation and first contact. You are matched to a clinician, who contacts you to confirm details and book.

Service agreement. Supports, fees, travel, cancellation and reporting are agreed in writing and signed.

First appointment. Assessment of your priorities, strengths and environment, within 5 business days where possible.

Goals and a therapy plan. Measurable goals, how progress will be measured, and how often you will meet.

Therapy. Support delivered in the places your routines happen.

Review. Goals, measures and your experience reviewed, with reports where needed.

Change, transition or exit. Adjust, pause, move to another provider or finish, with a planned handover.

Stage 1: a conversation about you

You do not need to know which discipline you need, or the right clinical term. Start with what you want to do, what has changed or what feels difficult. Maybe you want to feel steadier at home, communicate a choice, get ready for school, enjoy mealtimes or take part in something you love.

Tell Bloom:

what you would like help with, in your own words

the postcode where support is needed

your preferred way to communicate

whether you would like a family member, carer or advocate involved

whether you need an interpreter or information in another format

The team discusses the relevant discipline, clinical fit, local availability and the next step. You can ask questions before deciding to go ahead.

Stage 2: making a referral

Anyone can refer , including the person themselves, parents and carers, GPs and paediatricians, child and family health nurses, early childhood and school educators, plan managers, support coordinators, other health professionals, and nominees or guardians. Self-referral does not need a doctor first.

The exceptions are Medicare-funded psychology , which needs a referral from a GP or another eligible medical practitioner because the referral creates the rebate entitlement, and allied health under a GP chronic condition management plan .

A referral moves fastest when it includes:

the person's name, age, contact details and the best person to contact

the main concerns, relevant diagnoses and what the person can and cannot do day to day

any risks the team should know about before a first visit, such as falls, safety concerns at home, carer strain, behaviours of concern or swallowing concerns

existing reports, assessments and relevant history

the goals that matter to the person and family

the funding stream, and for the NDIS, the NDIS number, plan dates and whether the plan is self-managed, plan-managed or NDIA-managed

the discipline or disciplines wanted, and the preferred setting

Send what you have; the team will ask for the rest. If the person does not have an NDIS plan yet, say so, because the pathway is different. Bloom offers an NDIS Access Readiness Package to help gather evidence for an access request. Full detail is on the referrals page .

Stage 3: intake and triage

The referral is logged and any outstanding documents are collected.

A member of the team is in contact within 24 hours of receiving the referral.

You receive a welcome email and an online intake form. It asks for age, main concerns, existing reports, medical history and your top three goals, and it starts the risk assessment.

Nothing else proceeds until the intake form comes back. If it has not been returned within 24 hours of the welcome email, the team follows up and offers help to complete it.

Triage and risk assessment. An operations manager reviews the intake form. Where a risk needs managing, a risk management plan is recorded on your file before anyone visits.

If you are waiting for something to happen, the intake form is the step to check first.

Stage 4: allocation and first contact

Your file is allocated to a clinician based on capacity, clinical interest, location, skill set and any identified risks. The clinician contacts you to confirm the referral, discuss how services will be delivered, arrange an interpreter if you need one, explain billing and book the first appointment.

Before anything is agreed, Bloom checks the relevant discipline, clinical suitability, local availability and appointment setting, and discusses the funding or payment pathway, fees, travel, reports and cancellation arrangements . You should know what is agreed before support starts.

Stage 5: your service agreement

A service agreement is the written contract between you and Bloom. It is developed and signed by you, or your guardian or nominee, and by Bloom before any service is delivered or billed . It sets out:

the supports to be provided and how they will be delivered

the authorised and allocated hours

fees and payment terms, including travel and what is included or excluded

the cancellation policy

communication and emergency contacts

privacy and consent

reporting expectations

You have the right to negotiate the terms in your service agreement, and to have anything in it explained before you sign. If a provider proposes to change prices in an existing agreement, it must discuss the change with you and you must agree before it takes effect.

Cancellations: Bloom's general position is 48 hours' notice , aligned to NDIS guidelines, applied flexibly. Where a funding body sets a different rule, Bloom follows that body's rule, so the terms that apply to you are the ones confirmed at booking and written in your agreement. Bloom's published fees and how they are set are on the pricing page .

Stage 6: your first appointment

Bloom aims to hold the initial meeting within 5 business days where possible . That target depends on the intake form coming back and the service agreement being signed, which are the usual causes of delay. Under Bloom's published fee schedule an initial session runs for 1 hour.

Expect a conversation about your priorities, strengths, current difficulties and everyday activities. Your clinician may:

complete relevant assessments and observe you in your everyday environment

explain what they find and what they recommend

discuss the service agreement and consent form, and sign them if that has not already happened

agree practical next steps and an appropriate way to measure progress

Bring a supporter if you choose , ask for explanations in a way that works for you, ask questions, and ask for a break if you need one. For psychology, the first session includes a fuller assessment of presenting issues, history, wellbeing and relevant risk factors.

Stage 7: goals and a therapy plan

Together you agree goals that are practical and meaningful to you, written so you can recognise when they are achieved. Bloom uses SMART goals (specific, measurable, achievable, relevant and time-bound) and Goal Attainment Scaling (GAS) where it suits the person and the purpose of support.

The plan covers what support will involve, how often you will meet (for example weekly, fortnightly or in blocks), how sessions will be delivered, strategies to practise between sessions, and when you will review. Your preferences, circumstances and available funding shape it. Your journey is guided by your

needs, not a fixed number of sessions.

An example of a goal:

Starting point: you need someone to help you physically get dressed every morning, and you want to be more independent.

Agreed goal: you will choose your clothes and get dressed with help for fastenings only, on four mornings a week.

Review: you track your level of independence and how many mornings you need help. Twelve months later you may find you can choose your clothes and get dressed independently every morning.

Where more than one discipline is involved, the clinicians coordinate, share relevant strategies and, with your consent, work with your existing care team, school or other providers.

Stage 8: support that fits your routines

Therapy happens where your routines happen: at home, at school or early learning, at work, in day programs and community settings, or by clinically suitable telehealth . A therapy or consulting room can be arranged case by case.

Depending on your needs, support may include therapy, assessment, equipment recommendations, education, and strategies for the people who support you every day. Bloom's approach is to build the skills and confidence of those who spend the most time with you, so progress continues between sessions. NDIS therapy sessions are typically 45 to 60 minutes.

Tell your clinician what is helping and what needs to change along the way. Bloom seeks feedback informally after sessions and formally at therapy plan reviews.

Stage 9: review, reports and planning ahead

Review your goals, the relevant measures and your own experience of support. Progress may mean a new skill, greater confidence, maintaining an ability or making an activity safer. Then decide together whether to continue, adapt, pause, transition or finish .

For NDIS participants, reports are a common need near a plan reassessment:

Progress reports summarise what therapy achieved over the plan period, in plain language for the NDIA and families.

Reports for plan reassessment cover current presentation, functional impact, progress, ongoing risks or unmet needs, and recommendations a planner can use.

Report time has to be planned and funded, so give Bloom your reassessment date early. Clinical recommendations do not guarantee a funding decision. If you receive a new NDIS plan or a plan extension, tell Bloom. In Bloom's early childhood services, therapy continues under the new plan unless you ask to stop, and therapy goals are aligned with the new plan.

Stage 10: changes, transitions and finishing up

Changing your goals, clinician or arrangements

Tell Bloom what you would like to change. The options are discussed with you, including clinical suitability, availability and any service agreement requirements. A clinician change can happen because you ask for one, because of extended leave, because you move, or because a clinician leaves. In aged care services, Bloom's procedure requires a handover checklist so your documentation

is up to date before a file changes hands, and at least four weeks' notice to you where possible.

Under Bloom's NDIS billing guidelines, a handover meeting you request is billed, but a handover Bloom initiates, for example when a staff member leaves, is not.

Moving to another provider

If you move to another provider, Bloom provides the information and documents you need for a smooth transition, which can include copies of your therapy plan and relevant reports. With your consent, information can be shared between providers. If you are coming to Bloom from another provider, Bloom can meet with you and your current provider to plan the handover.

Finishing support

Support may end because you have achieved your goals, you choose another provider, or you need a different or more specialised service. Please tell Bloom in writing, where you can, before the day you intend to stop. Families finishing Bloom's early childhood services are offered a final written report summarising the supports received and, where possible, the goals and outcomes. You can give feedback on your experience at any point.

Different pathways, the same focus on you

NDIS

Discuss your goals, available plan funding and whether your plan is self-managed, plan-managed or NDIA-managed. Bloom is a registered NDIS provider, so it can work with all three. The service agreement, costs and any reporting are explained before you begin. See NDIS services .

Support at Home

For older people, allied health connects to assessed needs, approved services and the care plan. Access to Support at Home funding starts with an aged care assessment through My Aged Care on 1800 200 422 , not a GP referral. Under Support at Home , which replaced Home Care Packages and short-term restorative care from 1 November 2025, allied health is classified as a Clinical Support , and clinical supports are fully funded by the Australian Government. Bloom works with you and, where relevant, your registered provider or care manager on scope, fees and practical delivery. See Support at Home .

Medicare psychology

Ask about eligible psychology support and the referral pathway. Bloom explains the proposed service, practitioner eligibility, fees and any rebate before booking. Bloom is not a bulk-billing service, so a gap fee applies. See Medicare .

Privately funded and other schemes

You can enquire directly about an assessment or therapy and agree the costs. Any private health insurance benefit depends on your insurer and policy. In Victoria, Bloom also accepts referrals under the Transport Accident Commission (TAC), where the claim, treatment approvals and scheme requirements are checked before the service is agreed. See private allied health .

Your voice stays part of the journey

At every stage you can:

give feedback, or ask for changes

ask for accessible information, Easy Read material or an interpreter

involve a family member, supporter or advocate

raise a concern with your clinician, a manager or the Bloom team on 1300 771 465

go straight to an independent complaints body; you do not have to complain to Bloom first

How complaints, incidents and privacy are handled is set out in governance and quality at Bloom and your rights .

Common questions about starting with Bloom

Can I contact Bloom before I know which service I need?

Yes. Describe what you would like help with and where support is needed. The team discusses the relevant discipline, clinical fit, availability and the next step. You do not need a clinical term to start.

Do I need a GP referral?

Not for NDIS, Support at Home or privately funded services; anyone can refer, including you. Support at Home funding does depend on an aged care assessment through My Aged Care. Medicare-funded psychology needs a referral from a GP or another eligible medical practitioner, because the referral creates the rebate entitlement, and so does allied health under a GP chronic condition management plan. Call 1300 771 465 if you are unsure which applies.

How quickly will I hear back after a referral?

A member of the team will be in contact within 24 hours of receiving the referral. Bloom aims to schedule the initial meeting within 5 business days where possible. The usual causes of delay are an intake form that has not been returned or a service agreement that has not been signed.

Why has nothing happened since I referred?

Most often the intake form has not come back, because no further step proceeds until it does. The second most likely reason is an unsigned service agreement. Call 1300 771 465 and ask which step is outstanding.

Can I choose who is involved in my care?

Yes. Tell Bloom your preferences and choose whether to involve a family member, carer, advocate or other supporter. Your clinician will discuss consent, supported decision-making and any relevant legal requirements with you. A guardian or nominee can sign on behalf of a person who cannot sign independently.

What should I expect at my first appointment?

Expect a conversation about your priorities, strengths, current difficulties and everyday activities. Your clinician may complete relevant assessments, explain their recommendations and agree practical next steps with you. You can bring a supporter, ask questions or request a break.

Will Bloom explain the costs before I start?

Yes. Bloom discusses the proposed service, applicable fees, payment or funding arrangements, and any travel, report and cancellation costs before you agree to support. They are written into your service agreement, which is signed before any service or billing begins. Ask for clarification if anything is unclear.

How will I know whether support is helping?

You and your clinician agree goals, record a starting point and agree how and when progress will be reviewed. Measures may include Goal Attainment Scaling, discipline-specific assessments, observations and your own feedback. The aim is to make progress understandable and use it to guide decisions about your care.

Can I change my goals, clinician or appointment arrangements?

Yes. Tell Bloom what you would like to change, and the options are discussed with you, including clinical suitability, availability and any service agreement requirements. You can also ask about pausing, ending or transitioning support.

What happens when I want to stop or move to another provider?

Tell Bloom, in writing where you can, before the day you intend to stop. If you are moving to another provider, Bloom provides the information and documents needed for a smooth transition, which can include your therapy plan and relevant reports. You can give feedback about your experience at any time.

What if I am unhappy with my service?

You can raise a concern with your clinician or Bloom, ask a supporter or advocate to help, or contact the relevant independent complaints body. You do not have to complain to Bloom first. The governance and quality page explains each pathway.

Can I request continuity with my clinician?

Yes. Tell Bloom your preferences. Bloom aims to support a consistent clinical relationship through appointment planning, clear communication and appropriate handover if a change is needed. Availability and clinical fit still need to be confirmed, and workforce retention figures are organisation-wide, so they do not guarantee the same clinician at every appointment.

More on getting started

About Bloom Healthcare

Governance and quality at Bloom

How to make a referral

Pricing and fees

Find a location

Telehealth

Can I contact Bloom Healthcare before I know which service I need?

Yes. You can describe what you would like help with and where support is needed, and the Bloom Healthcare team will discuss the relevant discipline, clinical fit, availability and the next step. You do not need a clinical term to start.

Do I need a GP referral to access Bloom Healthcare's services?

Not for NDIS, Support at Home or privately funded services; anyone can refer, including yourself. Support at Home funding does depend on an aged care assessment through My Aged Care. Medicare-funded psychology needs a referral from a GP or another eligible medical practitioner because the referral creates the rebate entitlement, and the same applies to allied health under a GP chronic condition management plan. Call 1300 771 465 if you are unsure which applies.

How quickly will I hear back after making a referral to Bloom Healthcare?

A member of the Bloom Healthcare team will be in contact within 24 hours of receiving the referral, and Bloom aims to schedule the initial meeting within 5 business days where possible. The usual causes of delay are an intake form that has not been returned or a service agreement that has not been signed.

Why has nothing happened since I submitted a referral to Bloom Healthcare?

Most often the intake form has not come back, since no further step proceeds until it does; the second most likely reason is an unsigned service agreement. You should call 1300 771 465 and ask which step is outstanding.

Can I choose who is involved in my care at Bloom Healthcare?

Yes. You can tell Bloom Healthcare your preferences and choose whether to involve a family member, carer, advocate or other supporter. Your clinician will discuss consent, supported decision-making and any relevant legal requirements with you, and a guardian or nominee can sign on behalf of a person who cannot sign independently.

What should I expect at my first appointment with Bloom Healthcare?

Expect a conversation about your priorities, strengths, current difficulties and everyday activities. Your clinician may complete relevant assessments, explain their recommendations and agree practical next steps with you. You can bring a supporter, ask questions or request a break.

Will Bloom Healthcare explain costs before I start receiving services?

Yes. Bloom Healthcare discusses the proposed service, applicable fees, payment or funding arrangements, and any travel, report and cancellation costs before you agree to support. These details are written into your service agreement, which is signed before any service or billing begins.

How will I know whether the support I receive from Bloom Healthcare is helping?

You and your clinician agree goals, record a starting point and agree how and when progress will be reviewed. Measures may include Goal Attainment Scaling, discipline-specific assessments, observations and your own feedback, aiming to make progress understandable and guide decisions about your care.

Can I change my goals, clinician or appointment arrangements with Bloom Healthcare?

Yes. You can tell Bloom Healthcare what you would like to change, and the options will be discussed with you, including clinical suitability, availability and any service agreement requirements. You can also ask about pausing, ending or transitioning support.

What happens if I want to stop services or move to another provider?

You should tell Bloom Healthcare, in writing where you can, before the day you intend to stop. If you are moving to another provider, Bloom Healthcare provides the information and documents needed for a smooth transition, which can include your therapy plan and relevant reports. You can give feedback about your experience at any time.

What can I do if I am unhappy with my service at Bloom Healthcare?

You can raise a concern with your clinician or Bloom Healthcare, ask a supporter or advocate to help, or contact the relevant independent complaints body. You do not have to complain to Bloom Healthcare first, and the governance and quality page explains each pathway.

Can I request continuity with the same clinician at Bloom Healthcare?

Yes. You can tell Bloom Healthcare your preferences, and Bloom aims to support a consistent clinical relationship through appointment planning, clear communication and appropriate handover if a change is needed. However, availability and clinical fit still need to be confirmed, and workforce retention figures are organisation-wide, so they do not guarantee the same clinician at every appointment.