Submit an NDIS Referral Today | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/referrals/

Details:

Bloom Healthcare accepts referrals for in-home and community allied health by email at hello@bloom-healthcare.com.au or by phone on 1300 771 465 . Anyone can refer: a support coordinator, a plan manager, a GP or paediatrician, a school, a family member, a carer, or the person themselves. A member of the team will be in contact within 24 hours of receiving the referral. Nothing is scheduled until an intake form is completed and a service agreement is signed, so the more information you send with the referral, the faster the first appointment happens.

This page covers what to put in a referral, the order the steps happen in, how long each one takes, and what is produced at the end. If you only need the contact details, they are above and they have not changed.

Who can make a referral

Bloom takes referrals from a wide range of people. You do not need to be a health professional.

Support coordinators referring an NDIS participant to psychology, occupational therapy, speech pathology, physiotherapy, exercise physiology or positive behaviour support.

Plan managers , who can refer participants including children.

GPs, paediatricians and other medical specialists.

Child and family health nurses and early childhood educators , particularly for early childhood intervention where a developmental delay or disability has been identified.

Schools, SIL providers, day programs and other support services already working with the person.

Families, carers, parents and participants themselves. Self-referral is a normal pathway here and does not need a doctor first.

If you are referring as a nominee or guardian , be clear on your role and responsibilities to the participant before you submit. Guardians and nominees can sign consent forms and service agreements on behalf of a person who cannot sign independently. If the person can make or contribute to their own decisions, they should be part of the referral rather than the subject of it.

Medicare-funded psychology is the exception to open referral. A Medicare pathway needs a referral from a GP or another eligible medical practitioner, because the referral is what creates the rebate entitlement. Everything else can start with a phone call.

What to include in a referral

A referral with these details can usually go straight to triage. A referral missing them generates a round of follow-up emails first.

About the person

Name, date of birth and contact details, plus the best person to contact and how.

Relevant diagnoses and a short summary of functional impact, meaning what the person can and cannot do day to day, not just the diagnostic label.

Any risks the team should know about before the first visit: falls, safety concerns in the home, carer strain, behaviours of concern, swallowing concerns.

Supports already in place, and what is not working about them.

What has been tried before and how it went.

About the funding

Which funding stream applies: NDIS, aged care, Medicare, private, or another scheme.

For NDIS: the NDIS number, plan start and end dates, and whether the plan is self-managed, plan-managed or NDIA-managed . Plan management type determines how invoicing works, so this one matters.

For plan-managed participants, the plan manager's contact details.

The participant's current NDIS goals relevant to the service, and how those goals show up in daily life.

About the service you want

Which discipline or disciplines you are referring for.

Preferred setting: home, school, community, clinic or telehealth.

Consent, and the key contacts who can be spoken to, such as a parent, carer, support coordinator or school.

Documents worth attaching

Previous reports from the same or a related therapy service.

School reports, specialist letters and clinical assessments relevant to the referral.

Existing occupational therapy or speech pathology reports where coordination of care matters.

Medical history or medication list, for context.

Any current assistive technology or modified-diet recommendations.

You do not need all of this to refer. Send what you have. The team will ask for the rest.

Which funding streams Bloom accepts

Bloom Healthcare is a registered NDIS provider and works with all three plan management types: NDIA-managed, plan-managed and self-managed. Referrals are also accepted under:

Aged care through Support at Home, which replaced Home Care Packages and short-term restorative care from 1 November 2025, as well as self-managed and provider-managed Home Care Package funding and the Commonwealth Home Support Programme.

Medicare , covering psychology under the Better Access initiative and allied health under a GP chronic condition management plan (previously called a chronic disease management plan). Telehealth psychology appointments attract a Medicare rebate.

Private and self-funded arrangements.

Private health insurance , where a gap may apply.

Transport accident and workers compensation schemes.

If the person does not yet have NDIS funding, say so in the referral. Bloom offers an NDIS access and readiness service that helps gather the evidence needed to demonstrate support needs for an access request. Ask about it on 1300 771 465.

What happens after you submit, step by step

1. Referral received and logged

The administration team processes the referral on arrival and collects any outstanding documentation from the referrer. This triggers the welcome pack.

2. Welcome email and intake form, the step that controls the timeline

The participant or their contact receives a welcome email with a link to an online intake form. It asks for age, main concerns, existing clinical reports, medical history and the person's top three goals for intervention. It also starts the risk assessment.

No further step happens until the intake form comes back. If it has not been returned within 24 hours of the welcome email, the operations manager follows up and offers help to complete it. If you are a referrer and want the process to move, this is the step to chase.

3. Triage and risk assessment

The completed intake form is reviewed by an operations manager, who decides on clinician allocation and assesses risk. Where a risk needs managing, a risk management plan is recorded on the client's file before anyone attends.

4. Clinician allocation

The file is allocated to a clinician based on capacity, clinical interest, location and any identified risks. The allocation is confirmed by email.

5. Contact within 24 hours

The clinician contacts the participant within 24 hours of the referral being received to introduce themselves and confirm the key details.

6. Service agreement

Before any service is delivered, a service agreement is developed and signed by both the participant, or their guardian or nominee, and Bloom. It sets out the supports to be provided and how, the authorised and allocated hours, fees and payment terms including travel, the cancellation policy, communication and emergency contacts, privacy and consent, and reporting expectations.

Service delivery and billing cannot start until it is signed by both parties. Specific rates and terms are set out in your own service agreement rather than published here, because they vary by funding stream and service. Ask for them on 1300 771 465 before you sign.

7. Consent form and appointment confirmation

Appointment details are sent with a link to an informed consent form. For psychology, that consent covers the treatment plan, the limits of confidentiality, the number of sessions approved and how they are reviewed, and fees, rebates and any out-of-pocket cost. You can sign it in advance or go through it at the first appointment. A reminder is sent the day before.

8. Initial appointment

The first session gathers what the clinician needs to build an action plan. The service agreement and consent form are discussed and signed if that has not already happened. For psychology, a biopsychosocial assessment covers presenting issues, personal history, social and emotional functioning, work or occupation, cultural and family background, and relevant risk factors. Goals and priorities are agreed and an individual action plan is drafted.

Timeframes you can hold Bloom to

Contact within 24 hours of the referral being received.

Initial meeting within 5 business days where possible.

Intake form follow-up within 24 hours if it has not been returned.

Case notes completed within 24 hours of each clinical activity.

The 5 business day target depends on the intake form coming back and the service agreement being signed. Those two documents are the usual cause of delay, not clinician availability.

What gets produced, and what it is for

Referrers usually want to know what comes out the other end, especially when a plan reassessment is coming.

Initial assessment. The first consultation, which establishes health and lifestyle needs, identifies the specific challenges and sets goals tied to the person's plan. Under the NDIS this sits in the improved daily living category.

Allied health assessments. Discipline-specific evaluations across occupational therapy, physiotherapy, speech pathology and psychology, using discussion, observation and evidence-based tools to establish a baseline for therapy.

Functional capacity assessments. A broad evaluation of physical capability, functional ability and support needs, written up to support the funding level a participant is seeking.

Progress reports. A plain-language summary of what therapy achieved over the plan period, written for the NDIA and for families. Where several disciplines are involved, each bills its own contribution. Reports are billed on time actually taken, and the basis is set out in the service agreement.

Reports for plan reassessment. Current presentation, functional impact, progress during the plan, ongoing risks or unmet needs, and recommendations written to be usable by a planner.

If a report is needed by a particular date, say the date in the referral. Report time has to be planned and funded, and a reassessment deadline discovered late is the most common reason a report is rushed.

Where Bloom can attend

Service delivery is mostly mobile and community-based rather than clinic-based. Appointments happen in the home, in schools, in day programs and workplaces, in other community settings, and by telehealth. Telehealth matters most for people in regional areas who would otherwise have no realistic access. Clinic appointments can be arranged case by case on request.

Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Check the suburb before you refer: find a location near you .

How referring differs from booking an appointment

A referral is not a booking. Referring starts an intake process, made up of the form, triage, risk assessment, allocation and service agreement, that exists so the clinician arrives knowing about the risks in the home, the funding is confirmed before anyone is billed, and consent is properly recorded. That is why an appointment date is not offered on the day you refer.

It also differs from an NDIS access request , which is the separate process of applying to the NDIA for funding in the first place. You refer to Bloom for a service; you apply to the NDIA for a plan. If the person has no plan yet, mention it, because the pathway is different.

Common questions about making a referral

How long until someone contacts me?

Within 24 hours of the referral being received. The initial meeting follows within 5 business days where possible, provided the intake form has been returned and the service agreement signed.

Do I need a GP referral?

Not for NDIS, aged care or privately funded services. Anyone can refer, including the person themselves. A GP or other eligible medical practitioner referral is required for Medicare-funded psychology and for allied health under a GP chronic condition management plan.

Can I refer someone who does not have an NDIS plan yet?

Yes. Say so in the referral. Bloom offers a service that helps gather evidence of support needs for an NDIS access request, and can discuss other funding streams. Call 1300 771 465 to talk it through.

Can I refer to more than one discipline at once?

Yes. Bloom provides psychology, occupational therapy, speech pathology, physiotherapy, exercise physiology, positive behaviour support and in-home aged care. List every discipline you want in the one referral so triage can allocate together rather than running separate intakes.

What if the person cannot sign their own service agreement?

A guardian or nominee can sign consent forms and the service agreement on behalf of a person who does not have capacity to sign independently. If you are the nominee or guardian, be clear about the scope of your role before you sign. Where the person can take part in the decision, they should.

What if there is a risk in the home?

Put it in the referral. Risks such as falls, safety concerns, carer strain or behaviours of concern are assessed at triage, and a risk management plan is recorded on the file before a clinician attends. Raising it early protects the participant and the clinician.

Why has nothing happened since I referred?

The most likely reason is that the intake form has not been returned, because no further step proceeds until it is. The second most likely is an unsigned service agreement. Call 1300 771 465 and ask which of the two is outstanding.

What does it cost?

Fees, hourly rates, travel and cancellation terms are set out in the service agreement for your specific service and funding stream, and are confirmed in writing before service starts. Ask for them before you sign. Call 1300 771 465.

Can appointments be at school or by telehealth?

Yes. Home, school, community settings and telehealth are all standard. Clinic appointments can be arranged case by case. Name your preferred setting in the referral.

Will I get a report for the plan reassessment?

Yes, if it is requested and funded. Progress reports and plan reassessment reports cover current presentation, functional impact, progress made, ongoing risks or unmet needs, and recommendations. Give the reassessment date in the referral so the report is planned rather than rushed.

Who do I contact?

Email hello@bloom-healthcare.com.au or call 1300 771 465 . Office hours are Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment.

If you are new to Bloom

About Bloom Healthcare covers who Bloom works with, the disciplines available and how the mobile model works, and all services lists what can be referred to.

How quickly does Bloom Healthcare respond to a submitted referral?

Bloom Healthcare commits to a 24-hour response timeframe for referrals, with a further 5-business-day timeframe referenced in the intake and service agreement sequence.

How can someone submit a referral to Bloom Healthcare?

Referrals to Bloom Healthcare can be submitted by phone (1300 771 465), by email (hello@bloom-healthcare.com.au), or via Bloom Healthcare's online referrals page.

Who is eligible to make a referral to a provider like Bloom Healthcare?

A referral can be made by the individual themselves (self-referral), family members and carers, healthcare professionals such as GPs or paediatricians, support coordinators and plan managers, guardians and nominees, educators and schools, Supported Independent Living (SIL) providers, and other authorised parties or health professionals.

What type of organisation is Bloom Healthcare?

Bloom Healthcare is described as a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred care, delivered by highly qualified health practitioners across Australia.

What is Bloom Healthcare's legal name and contact information?

Bloom Healthcare's legal name is Bloom Healthcare Pty Ltd. Its contact email is hello@bloom-healthcare.com.au and its phone number is 1300 771 465.

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