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## INTRODUCTION

Thank you for choosing to have NDIS Podiatry services provided by Northern Rivers Podiatry.  
Before an NDIS appointment can be scheduled, please ensure the following is completed and returned.

## PARTICIPANT INFORMATION

PLAN OR SELF MANAGED? (If plan managed, please list name of organisation)

PARTICIPANT'S NAME

PARTICIPANT'S ADDRESS

PARTICIPANT'S DATE OF BIRTH

PARTICIPANT'S NDIS NUMBER

PARTICIPANT'S REQUESTED SERVICE

PARTICIPANT'S DIAGNOSIS

PLAN START DATE

PLAN END DATE

## CONTACT DETAILS

NAME OF CONTACT PERSON

PHONE NUMBER OF CONTACT PERSON

EMAIL ADDRESS FOR INVOICING

Please ensure all email correspondence is sent to [admin@northernriverspodiatry.com.au](mailto:admin@northernriverspodiatry.com.au)

Kind regards,  
The Northern Rivers Podiatry team.

## IMPORTANT NOTE

If a participant's budget does not allow funding for specific service items, then full fee will need to be paid privately by the participant for the selected service not funded by the NDIS budget, e.g. custom foot orthotics.