



INDIVIDUAL CLIENT REQUEST FOR ALLIED HEALTH SERVICE

If a client within an SA Health facility wishes to receive a service from an allied health professional who is not an employee of SA Health, a service agreement is required. If no contract for service or overarching service agreement is in place, this form can be used to outline the service agreement between an external allied health professional, the individual client and the health service.

CLIENT REQUEST FOR SERVICE

To be completed by the Client

I, _____ (*client name*) wish to enter into a service arrangement with _____ (*name of Allied Health Professional*) to receive _____ services (*specify services type e.g. Podiatry*), while I am an admitted client in an SA Health facility.

I understand that this is a private arrangement between me and the above named provider, and SA Health will not cover any costs incurred.

.....
SIGNATURE

.....
NAME (CLIENT)

.....
DATE

HEALTH SERVICE APPROVAL

To be completed by the relevant Allied Health Manager/Senior AHP:

I, _____ (*insert name*), as the Manager/Senior AHP of _____ (*Profession*) am aware of the private service arrangement described above.

.....
SIGNATURE

.....
NAME (MANAGER/SENIOR AHP)

.....
DATE

OR Only where a relevant allied health governance structure is not available, to be completed by another Authorised Clinician (medical doctor or nurse):

I, _____ (*insert name*), as the Authorised Clinician am aware of the private service arrangement described above.

.....
SIGNATURE

.....
NAME (AUTHORISED CLINICIAN)

.....
DATE