Occupational Therapist Near Me | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/occupational-therapy-near-me/

Details:

Bloom Healthcare occupational therapists work across seven jurisdictions: New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. We are mobile rather than clinic based , so in most cases the therapist comes to you: your home, your child's school, a day program, a workplace or another community setting. Clinic appointments can be arranged case by case. Telehealth is used where it suits the goal. To find out who is working in your area, call 1300 771 465 or make a referral .

This page is about access: where we go, how visits work, and how to get started locally. For what occupational therapy is and how it is funded, see Occupational Therapy .

Where our clinicians work

New South Wales: Campbelltown, Hornsby, Liverpool, Newcastle, Northern Beaches, Parramatta, Penrith, Sydney, Tweed Heads, Wollongong. NSW services

Queensland: Brisbane, Bundaberg, Caboolture, Cairns, Gold Coast, Ipswich, Logan, North Lakes, Redland Bay, Springfield, Sunshine Coast, Townsville. South East Queensland services

South Australia: Adelaide, Blackwood, Henley Beach, Highbury, Magill, Mawson Lakes, Morphett Vale, Salisbury, Seaford, Seaton, Stirling. South Australia services

Tasmania: Devonport, Launceston. Tasmania services

Victoria: Cheltenham, Craigieburn, Dandenong, Frankston, Geelong, Glen Waverley, Melbourne, Melton, Werribee. Victoria services

Western Australia: Baldivis, Canning Vale, Ellenbrook, Joondalup, Mandurah, Midland, Osborne Park, Perth, Rockingham. Western Australia services

Australian Capital Territory: Canberra.

The full list is on the locations page . These are the areas we service, not clinic addresses. A suburb being listed means clinicians travel there, not that there is a shopfront in it.

How the service reaches you

Our primary method of delivery is mobile and community based . In practice that means:

Your home. The default for most adults and older people, and essential for anything involving equipment, transfers, bathrooms or home modifications.

School. For children, where it is agreed and appropriate. School is the right setting for work on participation, routines, sensory load and transitions.

Day programs and community settings. Where the difficulty happens in the community, that is where it gets worked on.

Workplaces. Where work participation is the goal.

Clinic. Available on a case by case basis. Ask when you enquire rather than assuming.

Telehealth. Secure video and phone contact, plus written home programs, used where it fits the goal.

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

Why home and community rather than a clinic

This is not just convenience. Capacity building in natural environments works better than the same work done in a clinic room, for reasons that matter to the outcome:

The practice is authentic. Skills get practised in the setting where they will actually be used, so there is no gap between what was rehearsed and what has to happen on a Tuesday morning.

Strategies get embedded in routines. Therapy leans on the daily activities and interactions that already exist, rather than adding a separate hour that has to be transferred across afterwards.

The people around you are involved. Family, carers and support workers implement strategies in daily life. That only works if they have seen them used in the real setting.

It removes access barriers. For someone with high anxiety, fatigue, mobility limits or no reliable transport, a clinic appointment is a hurdle before the therapy even starts.

For an equipment, housing or home modification assessment the home visit is not optional. The therapist has to see the doorway, the step, the bathroom and the turning circle.

What suits telehealth and what needs someone in the room

Telehealth is a genuine option, not a downgrade, but it is not right for everything. The decision should be made with you, based on your goals.

Works well by telehealth:

initial consultations and goal setting

reviews, progress monitoring and check-ins between visits

strategy development for daily living tasks

sensory and emotional regulation strategies, routine and habit building

coaching for carers and families

written home programs sent through secure platforms

follow-up support after equipment has been put in place

some cognitive and functional assessment work

Needs a face to face visit:

home modification assessments, because the environment has to be seen and measured

mobility and transfer assessments

vehicle modification and workplace ergonomic assessments

assistive technology trials and physical fitting, so the item is confirmed as usable before it is prescribed

hands-on work and fine or gross motor skill development needing direct demonstration

practising a skill in the real setting where the difficulty happens

initial assessments where a full physical evaluation is needed to set a baseline

A mix is common: an in-person assessment first, then telehealth for review and coaching, with face to face visits when something physical needs checking. If you are in a rural or remote area, or travel is difficult, say so at the first call so the mix can be planned rather than improvised.

What the first home visit is like

Before the visit, the clinician reviews the referral, your background and any identified risks, and works out what the visit needs to achieve.

During the visit they will:

get to know you, and your child if the referral is for a child, and talk about your concerns, priorities, strengths and how you prefer to communicate

observe in the natural setting, for a child that means watching them play, move and interact at home rather than in an unfamiliar room

talk through your routines, activities and interests. For families this can include a routines-based interview where you describe a typical day, which is how the therapist finds the real opportunities for change

cover the service agreement, consent and privacy, and billing and funding

do a safety check and discuss any risks identified

Cultural background is taken into account, and clinicians will consult relevant cultural experts to understand the protocols your family follows.

What helps on the day: have someone present who knows the daily routine, mention anything about access to the property such as stairs, parking or pets, and have your NDIS plan or support plan handy if you have one.

Travel and what it costs

A mobile service involves travel time, and travel is charged within the NDIS Pricing Arrangements and Price Limits . How travel applies in your case, along with fees and cancellation terms, is set out in your service agreement before services start, and telling you the price of supports before delivering them is a provider obligation.

One practical point worth knowing: telehealth removes travel costs from the equation entirely, which for participants a long way from a clinician can mean more of the budget goes on therapy. That is a reason to consider a mixed model, not a reason to accept telehealth where a physical assessment is what you actually need.

For current pricing and travel arrangements in your situation, call 1300 771 465 .

If your suburb is not on the list

Do not assume you are out of reach. Coverage depends on which clinicians are working in an area at a given time, and the listed areas are service areas rather than boundaries drawn on a map. Call and ask.

If there is no clinician available near you, the options usually discussed are telehealth for the parts of the work that suit it, a mixed model where someone travels less often for the physical parts, or a different setting such as a school or day program that is easier to reach than your home.

We do not publish wait times, because they depend on your location, the discipline and the type of assessment. Ask about current availability when you call, and ask specifically about the assessment you need rather than the service in general.

How to start

1. Call or refer. 1300 771 465 , the referral form , or contact us . You do not need a GP referral for NDIS occupational therapy. Referrals also come from parents and carers, support coordinators, plan managers, GPs and paediatricians, schools, SIL providers and community teams.
2. Have this ready. Your NDIS number and plan dates, how the plan is managed (self-managed, plan-managed or NDIA-managed), what you want to change in daily life, relevant diagnoses, any risks such as falls or carer strain, what supports are already in place, your preferred setting, and consent and contact details.
3. Matching. The referral is triaged and matched to a clinician based on your needs and goals, their area of specialisation, geographic proximity and capacity.
4. Before the first appointment. The purpose of the referral, the cost, an estimate of hours or a quote and the invoicing details are discussed, then the service agreement and consent are completed.
5. First session. In your home, school, workplace or community setting in most cases, or by telehealth where that suits.

A plain English guide is available: download the NDIS and Occupational Therapy Easy Read guide .

Common questions about finding occupational therapy near you

Do you have a clinic I can come to?

Clinic appointments can be arranged on a case by case basis, but our primary delivery method is mobile and community based. Ask when you enquire what is available in your area. For equipment, housing and home modification assessments the visit has to happen where you live regardless.

How far will a therapist travel?

It depends on who is working in your area at the time. The suburb lists above show where clinicians travel, and being outside a listed suburb is not automatically a no. Call and ask about your address.

What does travel cost me?

Travel is charged within the NDIS Pricing Arrangements and Price Limits, and the specific arrangement is set out in your service agreement before services start. You will be told the cost before supports are delivered. For your situation, call 1300 771 465.

Can I be seen at my child's school instead of at home?

Yes, where it is agreed and appropriate. School is often the better setting for participation, routines, sensory load and transitions, while home is usually better for self-care and daily living goals. Some plans use both.

Can I get occupational therapy by telehealth?

Yes, for the parts of the work that suit it: consultations, goal setting, reviews, strategy development, regulation and routine work, carer coaching and home programs. Home modification, mobility and transfer assessments, equipment trials and hands-on work need someone physically present.

I live rurally. Is telehealth my only option?

Not necessarily. Telehealth removes geographic barriers and travel costs, which is why it is often part of the answer in rural and remote areas, but a mixed model with less frequent in-person visits for the physical parts is usually better than telehealth alone. Discuss it at the first call.

How long will I wait?

That depends on your area, the discipline and the type of assessment, so ask when you call. Being specific about what you need, for example an assistive technology review rather than "occupational therapy", gets you a more accurate answer.

Do I need a GP referral?

No, not for NDIS occupational therapy. You can refer yourself.

Who will be at the first appointment?

You, and anyone you want present. For a child, a parent or carer should be there. It helps to have someone who knows the daily routine, because a lot of the first visit is understanding how an ordinary day actually runs.

What if I need physiotherapy or speech pathology too?

We deliver physiotherapy , speech pathology , psychology and counselling , exercise physiology , positive behaviour support and dietitian services in the same regions. Mention it at referral so it can be coordinated.

Are services different in different states?

The service itself is the same. What changes locally is which clinicians are available, how far they travel, and whether a clinic option exists in that area. NDIS funding rules are national.

What should I say when I call?

Describe the problem, not the service. "Mum can't get in and out of the shower safely" or "my son is falling apart at school pick-up" tells us more than "we need an OT", and it makes it easier to work out whether occupational therapy is the right starting point or whether another discipline should lead.

What is the Occupational Therapy Services page about on Bloom Healthcare's website?

The page promotes Bloom Healthcare's occupational therapy services in Australia, inviting visitors to work with an experienced NDIS occupational therapist to build daily living skills, access assistive technology, and achieve personalised goals across Australia.

What is the URL of Bloom Healthcare's occupational therapy page?

The occupational therapy services page is located at https://bloom-healthcare.com.au/services/occupational-therapy-near-me/.

What company operates the occupational therapy service described on this page?

The service is operated by Bloom Healthcare Pty Ltd, a company described as a boutique disability and aged care allied health provider.

How does Bloom Healthcare describe its overall healthcare model?

Bloom Healthcare describes itself as a boutique disability and aged care allied health provider that wants to change the status quo, believing all people have the right to access quality healthcare. Its model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

What contact details are provided for Bloom Healthcare?

Bloom Healthcare can be contacted by phone at 1300 771 465 or by email at hello@bloom-healthcare.com.au.

Where does Bloom Healthcare provide occupational therapy services?

According to background information, Bloom Healthcare operates across Tasmania, Western Sydney, Victoria, South Australia, Queensland, New South Wales, Adelaide, Greater Melbourne, Perth, and Western Australia, with NDIS registration nationwide.

In what settings can occupational therapy services be delivered?

Occupational therapy services can be delivered in home-based settings (most common for NDIS participants), community settings, clinic-based care when necessary, via telehealth, and through school-based services for children.

How can someone access occupational therapy services like those offered by Bloom Healthcare?

Services can be accessed by contacting providers directly or through referrals from a general practitioner or healthcare professional, an NDIS support coordinator or plan manager, or an aged care provider if applicable.

How large is the Bloom Healthcare organisation?

Bloom Healthcare is listed as having between 51 and 200 employees.

What social media platforms is Bloom Healthcare active on?

Bloom Healthcare maintains a presence on Facebook (facebook.com/helloBloomHealthcare) and LinkedIn (linkedin.com/company/bloom-healthcare-australia).

Do you have a clinic I can come to?

Clinic appointments can be arranged on a case by case basis, but our primary delivery method is mobile and community based. Ask when you enquire what is available in your area. For equipment,

housing and home modification assessments the visit has to happen where you live regardless.

How far will a therapist travel?

It depends on who is working in your area at the time. The suburb lists above show where clinicians travel, and being outside a listed suburb is not automatically a no. Call and ask about your address.