Allied Health Telehealth Australia | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/telehealth/

Details:

Telehealth connects you with a Bloom Healthcare clinician by video or telephone without travelling to a clinic or waiting for a home visit. A session can include assessment, therapy, coaching, education, planning and progress review where online delivery is clinically appropriate.

The useful way to think about it is not "telehealth or in person" but "which parts of this plan work remotely and which parts need someone in the room". Almost every arrangement ends up being a mix, and getting that mix right is the difference between telehealth being a convenience and telehealth being a compromise. To discuss whether it suits what you need, call 1300 771 465 or email hello@bloom-healthcare.com.au .

Telehealth is a delivery option, not a different standard of care

The clinician still tailors the appointment to your goals and circumstances, still documents it, and still works to the same professional standards. What changes is the setting, and with it what the clinician can observe directly.

What works well remotely

Programme progression. Reviewing a home exercise or practice programme, adjusting it, and checking technique on movements that are safe to observe on video.

Coaching and education. Teaching a family member, carer or support worker how to run a strategy between sessions. This is often more effective remotely, because it happens in the room where the strategy will actually be used.

Planning and goal setting. Working out what matters, what to target first and how progress will be measured.

Review appointments. Short, frequent reviews that would not justify a travel charge in person.

Keeping therapy going. Maintaining the therapeutic relationship and momentum between in-person visits, particularly where visits are periodic.

Including other people. Family, carers, support workers or other professionals can join from different places with consent, which is often impossible to arrange in person.

What needs someone in the room

Home safety assessments. The point is the actual bathroom, the actual steps, the actual kitchen layout. A video tour is not the same as a therapist standing in the space.

Transfer and mobility assessment where falls risk is a concern, or where the home layout is limiting how someone moves.

Equipment and assistive technology prescription , including wheelchair seating and anything involving measurement or fitting.

Hands-on treatment where it is clinically appropriate.

Community sessions built around a real destination — a route, a shop, a station.

Ask at booking about the specific assessment you need, not about telehealth in general. Some assessments can be done remotely and some cannot, and the honest answer depends on the assessment rather than on a policy.

When telehealth is the practical choice

Distance. For a regional or remote address, a hybrid of periodic in-person visits with telehealth in between usually gets therapy started sooner than waiting for a clinician to be in town, and keeps it going afterwards.

Travel, mobility or fatigue. Where getting to an appointment is the hardest part of the appointment, removing the travel can be the single biggest change you make.

Time. A carer who cannot take a second morning off work, or a review that genuinely only needs twenty minutes, is better served by a remote session than by a visit that consumes a morning.

Including people who are not in the same place. An adult child in another city, a support coordinator, a teacher — all can join with consent.

What you need to join a session

A device with a camera, a workable internet connection, and somewhere private where you will not be interrupted. If you want someone with you — a family member, a carer, an interpreter — say so when booking so the session is set up for it.

If you need information in Easy Read or another format, or an interpreter, ask when you make contact. The accessibility statement covers what is available.

How telehealth is funded

NDIS participants. Telehealth is a delivery method, not a separate service, and is funded the same way the in-person session would be — usually from the Capacity Building budget under Improved Daily Living. See the NDIS page .

Older Australians. Under the Support at Home program, which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 , allied health sits in the Clinical Supports category. Access begins with an aged care assessment through My Aged Care on 1800 200 422 . See Support at Home and aged care services .

Medicare and private. Psychology and counselling can be delivered by telehealth under a valid referral, and privately funded sessions are available. See Medicare services , private allied health and pricing .

Because travel is priced into in-home and community sessions, a telehealth session does not carry the travel component. If cost is part of the decision, ask for the comparison rather than assuming — and ask whether the specific appointment is clinically suitable for remote delivery.

Making a remote session actually work

A telehealth appointment is not a phone call with video. A few practical things make the difference between a session that produces something and one that does not.

Set up where the activity happens. If the goal is about showering, the session is more useful run from a phone in the bathroom doorway than from a laptop at the kitchen table. If it is about a child's mealtimes,

run it at a mealtime. The clinician is trying to see the real thing, and a tidy room with everything put away tells them very little.

Have the equipment in the room. Walking aid, splint, communication device, the chair that is hard to get out of, the jar that cannot be opened. Whatever the session is about, having it to hand turns a description into an observation.

Bring someone if that helps. A family member, carer or support worker who is present can move the camera, demonstrate a transfer, or be coached directly. With consent, other professionals can join from elsewhere.

Say when it is not working. If the connection keeps dropping, if you cannot hear, or if the session feels like it is skating over the thing you actually needed help with, say so during the appointment rather than afterwards. The plan can change to an in-person visit.

Progress and review

Remote sessions make frequent, short reviews practical in a way that travel does not, and that changes how progress is tracked. Instead of a long gap between visits and a single judgement at the end, it becomes possible to check in, adjust and check again.

Ask at the start how progress will be measured and when it will be reviewed. Measurable change in everyday activity — getting out of a chair unaided, being understood by a stranger, walking to the letterbox — is a more useful measure than how a session felt.

Which disciplines offer telehealth

Occupational therapy , physiotherapy , speech pathology , psychology and counselling , exercise physiology , dietetics , positive behaviour support and paediatric therapy all use telehealth for the parts of their work that suit it. What differs is the proportion: a dietetics review may be almost entirely remote, while an occupational therapy home assessment cannot be.

Coverage by area is set out on the locations page , and telehealth extends reach beyond those areas where it is clinically appropriate.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

What is allied health telehealth according to Bloom Healthcare?

Allied health telehealth is an appointment with a qualified clinician using secure video or, where appropriate, telephone technology. The clinician can discuss goals, observe activities, provide therapy, coach supporters and review progress when online delivery is clinically suitable.

Which Bloom Healthcare services may be available by telehealth?

Depending on needs and clinical suitability, telehealth may be available for occupational therapy, psychology and counselling, speech pathology, dietetics, positive behaviour support, physiotherapy and exercise physiology. Some assessments and interventions still require an in-person appointment.

Can NDIS participants use telehealth with Bloom Healthcare?

Telehealth may be used by NDIS participants when it is appropriate for the participant, relates to their goals and can be delivered within their funding arrangements.

What funding pathways can cover telehealth appointments?

Telehealth may be available through several funding pathways, including Support at Home, Medicare, private payment and some compensation arrangements. Eligibility, referrals, rebates and fees depend on the service and individual circumstances.

What technology do I need to join a telehealth session?

You generally need a phone, tablet or computer with a camera and microphone, a stable internet connection and a private space. Bloom Healthcare will explain the appointment link and any materials to prepare.

Can a family member or support worker join a telehealth appointment?

Yes, a family member, carer or support worker can join with the client's consent and when their involvement supports the purpose of the appointment. The clinician can also clarify who should attend before the session.

Is telehealth suitable for every type of assessment?

No. Suitability depends on the assessment, clinical risks, the person's preferences, communication needs, technology and whether the clinician needs to observe the physical environment directly. Bloom Healthcare may recommend in-person or blended support instead.

How do I arrange a telehealth appointment with Bloom Healthcare?

Contact Bloom Healthcare or submit a referral and select telehealth as your preferred delivery option. The team will confirm the discipline, funding pathway, clinical suitability and appointment availability.

Does telehealth represent a lower standard of care compared to in-person visits?

No., telehealth is not a different standard of care—it is simply a different setting. The clinician still tailors the appointment to the client's goals and circumstances, documents the session professionally, and works to the same professional standards as face-to-face care; what changes is the physical setting

and what the clinician can directly observe.

What kinds of appointments work particularly well via telehealth?

Telehealth works well for programme progression (reviewing and adjusting home exercise or practice programmes), coaching and education for family members or support workers, planning and goal setting, short frequent review appointments, maintaining therapeutic momentum between in-person visits, and including other people such as family or professionals who can join from different locations with consent.