

Care finder program Referral Form

REFERRER DETAILS	
Name of referrer:	Organisation:
Role/relationship to client:	Address:
Type of service:	Email address:
Phone Number:	Do you provide case management to this client? Yes No
Referral date:	Did the client/representative consent to this referral?* Yes No

**We cannot accept referrals where the client or their representative did not provide their consent.*

CLIENT DETAILS	
Given name:	Family name:
Date of birth:	Country of birth:
Ethnicity/cultural background:	Preferred language: _____
Interpreter needed: Yes No	Year of arrival in Australia: _____
Residency/visa status: Australian Citizen Permanent Resident Temporary resident: _____ Visa/Other: _____	With Medicare? Yes No
Contact details	
Mobile:	Landline:
Email: _____	
Preferred mode of contact: Text Phone Email WhatsApp Messenger Other: _____	
Current address:	Does the client have a carer? Yes No
	Relationship to the client: _____
	Carer name: _____
Carer phone number: _____	
Suburb: _____ Postcode: _____	Is the client registered with My Aged Care? Yes No
Reason for referral: Information and/or referral about My Aged Care and aged care services and supports Connect to other community services and supports (community centres, Services Australia, etc) Help access My Aged Care online Receive additional aged care services Find culturally-appropriate service providers Move to an aged care home/residential facility	
Does the client identify with the following target population groups?	
<input type="checkbox"/> Socially isolated (no social networks or supports) <input type="checkbox"/> With communication barrier (language, hearing/vision impairment) <input type="checkbox"/> Resisting to engage with aged care services <input type="checkbox"/> Had a negative aged care experience in the past <input type="checkbox"/> Forgotten Australian/Care Leaver	<input type="checkbox"/> Identifies as LGBTIQ+ Gender: _____ Pronouns: _____ With cognitive impairment and/or other disabilities With mental health concern/s Homeless or at risk of homelessness
Other relevant information, including timeframes, background information, and other barriers that need to be considered:	

Emergency contact details	
Did the client consent to provide emergency contact details? Yes No	Relationship to client:
Name:	Phone Number: