Care finder program Referral Form

World Wellness Group

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		
Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Mx ☐ Dr ☐ Other _____	**Given name:**	
Family name:	**Date of birth:**	**Gender:**
Country of birth:	**Ethnicity/cultural background:**	
Preferred language: _____	**Interpreter needed:** ☐ Yes ☐ No	
Residency/visa status: ☐ Australian Citizen ☐ Permanent Resident ☐ Temporary resident: _____ ☐ Visa/Other: _____		
Year of arrival in Australia:	**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
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?

☐ Socially isolated (no social networks or supports)
☐ With communication barrier (language, hearing/vision impairment)
☐ Resisting to engage with aged care services
☐ Had a negative aged care experience in the past
☐ Forgotten Australian/Care Leaver

☐ 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:**