



Confidential

To be completed by the aged care provider representative, CVS auspice coordinator, recipient or their representative

REFERRER			
Aged Care Provider Name		Date	
Address		Postcode	
Referrers Name		Position	
Email		Phone	

Who has given consent to refer the recipient and provide this information? Recipient or Next of Kin must give consent

Name		Relationship	
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For Aged Care Home residents ONLY - type of visit required (please tick)	One-on-One Visits	Group Visit
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CARE RECIPIENT DETAILS

Title		First Name		Last Name		DOB	
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Country of origin		Religion		Preferred Pronouns		Gender	
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Preferred Language/s							
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Can communicate via electronic means	Yes	No	Method of communication and contact information	
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Reason for referral							
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Background eg: family & culture							
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Work background							
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Hobbies & Interests							
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Current visitors & relationships							
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Suggested activities for visitor							
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Is the recipient able to participate in outings without personal care support?							
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SPECIAL NEEDS GROUPS This information is important so it can be used to direct the care recipient to services and is requested by the Department of Health. The information will be treated in the strictest confidence in accordance with the Privacy Act 1988.

Does the care recipient identify as being part of any of these groups, as specified under the Aged Care Act 1997?

Please indicate which of the below the resident most identifies with

People from Aboriginal and Torres Strait Islander communities;	
People from culturally and linguistically diverse backgrounds;	
People who live in rural or remote areas;	
People who are financially or socially disadvantaged;	
Veterans;	
People who are homeless or at risk of becoming homeless;	
Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations);	
Parents separated from their children by forced adoption or removal; and	
Lesbian, gay, bisexual, transgender and intersex people	

HOME CARE PACKAGE RECIPIENTS ONLY

Home Address			
Phone			
Emergency Contact Perth		Relationship	
Phone (1)		Phone (2)	

HEALTH STATUS. Please include any issues that may impact on visits such as mobility, hearing, eyesight, continence, speech, dementia and /or challenging behaviour. This information is vital to ensuring a suitable match.

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VISITOR PREFERENCES

Gender		Age		Language or Cultural Preferences	
Other Preferences					

OTHER COMMENTS

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