

## PERSONALISED DEMENTIA CARE STRATEGIES REFERRAL FORM

<b>Provider Details</b>			
Provider Name			
Contact Name			
Phone Number		Email	
<b>Client Details</b>			
Client Name		Phone Number	
Carer Name		Phone Number	
Address			
Language Spoken		Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Type	<input type="checkbox"/> CHSP	<input type="checkbox"/> HCP	<input type="checkbox"/> Private <input type="checkbox"/> Other
If Other, specify			
Animals on property ( <i>e.g., dangerous dogs</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details ( <i>e.g., dogs to be restrained etc.</i> )			
<b>Medical Documents</b>			
<input type="checkbox"/>	Aged Care Client Record	<input type="checkbox"/>	National Screen Assessment Form
<input type="checkbox"/>	My Support Plan	<input type="checkbox"/>	GP – Comprehensive Medical Assessment
<input type="checkbox"/>	Current List of Medications	<input type="checkbox"/>	Recent Hospital Discharge Summary
<input type="checkbox"/>	Nursing Progress Notes	<input type="checkbox"/>	Care Plans
<b>Services Requested</b>			
Completed by		Date	
Signature			
Client/Carer Name		Date	
Client/Carer Signature			