

Carer Referral

To be completed for referral to Carer Services

Definition: A carer provides unpaid care and assistance to a person with frailty, disability, chronic illness or mental illness.

Carer details

or affix label here

Carer details:

Family Name:		Contact Phone Numbers :
Given Names:		Home :
Date of birth:		Work :
Preferred Name/s:		Mobile :
Sex :	Title :	Fax :
Address :		Email :
Suburb :	Postcode :	

The details of the person being cared for:

Person 1 Name:		Phone Number:
Date of birth:		Relationship of carer :
Country of Birth:		Co-residency of carer:
Sex :		Assessments: eg <input type="checkbox"/> ACAS <input type="checkbox"/> HACC <input type="checkbox"/> DHS
Address :		Diagnosis (if known):
Suburb :	Postcode :	

Person 2 Name:		Phone Number:
Date of birth:		Relationship of carer :
Country of Birth:		Co-residency of carer:
Sex :		Assessments: eg <input type="checkbox"/> ACAS <input type="checkbox"/> HACC <input type="checkbox"/> DHS
Address :		Diagnosis (if known):
Suburb :	Postcode :	

This document completed by:

- The carer
- The agency (face-to-face with carer)
- The agency (other, incl. telephone contact with carer)

Privacy information brochure provided? Yes No

Revised by CRCCSR 2010 from Carer Profile produced by the Victorian Carers Support Network, 2007

This information collected by:		CI Page 1 of 2
Name:	Position/Agency:	
Sign:	Date:	Contact number:

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Carer Information:

Carer's emotional health:

Carer's physical health:

Carer's level of burden/stress: (specify eg. Multiple caring roles, other responsibilities, coping)

Financial issues impacting on caring:

Current services involved:

Does the person being cared for have a case manager/case co-ordinator? No Yes specify details

Please list any behaviours of concern that impact the care of the person being cared for?

Carer Issues – Reason for Referral:

Carer Information

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Source of Referral

Record:

- (1) Self.
- (2) Family, significant other, friend.
- (3) GP / medical practitioner – community based.
- (4) Specialist aged or disability assess team/service (eg. ACAT).
- (5) Comprehensive HACC assessment authority.
- (6) Community nursing service.
- (7) Hospital (public).
- (8) Psychiatric / mental health service or facility.
- (9) Extended care / rehabilitation facility.
- (10) Palliative care facility / hospice.
- (11) Government residential aged care facility.
- (12) Aboriginal health service.
- (13) Carelink centre.
- (14) Other community-based government medical / health service.
- (15) Other government medical / health service.
- (16) Other government community-based services agency.
- (17) Hospital (private).
- (18) Non-government residential aged care facility.
- (19) Other non-government medical / health service.
- (20) Other non-government community-based service.
- (21) Law enforcement agency.
- (22) Other.

Country of Birth

Record: (1) Australia (2) Other
If other, specify:

Indigenous Status

Record:

- (1) Aboriginal but not Torres Strait Islander Origin.
- (2) Torres Strait Islander but not Aboriginal Origin.
- (3) Both Aboriginal and Torres Strait Islander Origin.
- (4) Neither Aboriginal nor Torres Strait Islander Origin.

Date Caring Role Commenced

dd / mm / yyyy or years spent caring

Carer Need

High
Moderate
Low

Primary Care Needs

Record:

- (1) Specific primary health care needs.
- (2) Acute health care needs.
- (3) Palliative Care needs.
- (4) Rehabilitation needs.
- (5) Needs for ongoing management of chronic condition.
- (6) Extended (long-stay in special purpose facility) health care needs.
- (7) Psychogeriatric care needs.
- (8) Geriatric Evaluation and management needs.
- (9) Maintenance care needs.
- (10) Other and unspecified needs.
- (11) Not stated / inadequately described.

Time spent caring per week

Record:

- (1) Less than 20 hours
- (2) 20 - 39 hours
- (3) More than 39 hours

(Revised by CR&CCSR 2010 from Carer Profile DHS SCTT)

Employment Status

Record:

- (1) Casual
- (2) Full time
- (3) Part time
- (4) Seasonal
- (5) Not in paid employment

Main Language Spoken at Home

Record:

- (1) English
- (2) Other

If other, specify:

Interpreter Required

Record:

- (1) Interpreter not needed
- (2) Interpreter needed

Preferred Language

(if not spoken English) including sign language, & any required communication devices or special interpreter needs.

Government Pensioner/ Benefit Status

Record:

- (1) Aged Pension
- (2) Veterans' Affairs Pension
- (3) Disability Support Pension
- (4) Carer Payment (pension)
- (5) Unemployment related benefits
- (6) Other gov. pension or benefit
- (7) No gov. pension or benefit

Card Number:

DVA Card Status

Record:

- (1) No DVA Card
- (2) Yes - Gold Card
- (3) Yes - White Card
- (4) Yes - Other DVA Card

DVA Card Number:

Insurance Status

Insurer Name and Card Number:

Medicare Number:

Health Care Card Number: