**Referral date:**

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| --- |
| **RESIDENT DETAILS** |
| **Name:**  |
| **Room Number:**  |

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| --- |
| **AGED CARE RESIDENCE DETAILS** |
| **Provider:** (eg Blue Cross etc) |
| **Residence name:**  |
| **Address:**  |
| **Door Code:**  |
| **Parking Information:**  |

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| --- |
| **REFERRING STAFF MEMBER** |
| **Name:**  |
| **Position:** Lifestyle Coordinator |
| **Email:**  |
| **Phone Number:**  |

**SOCIAL CIRCUMSTANCES**

*eg marital/family, recent bereavement/loss, past trauma*

**BACKGROUND**

*eg country of birth, spiritual/religious, profession/working life, fluent English/second language*

**INTERESTS**

**OTHER COMMENTS**

**RELEVANT MEDICAL ISSUES**

*eg hearing, sight mobility, pain, cognitive impairments, frailty, depression*

Referrers: Please send this form to records@beyondwords.org.au with the Subject:

**Client Referral and your Resident’s name and Residence name** (Eg Client Referral: Bill Smith, Ivy Gardens, Burwood)

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| --- |
| **OFFICE USE ONLY****ASSESSMENT RESULT** for  |
|   |
| **Assessment Date:** **Is this client suitable:** *Please state reasons.***Preferred days/times for sessions** (if known): **Assessor:** **Assessor contact details**  |
| *Do you want to do this biography?* *If you know of a biographer who might be well matched to or available for this client, please list here:***Please send this form to:** **records@beyondwords.org.au**with the following subject:Client Assessment: Client name – ACR, Suburb |
| **Please contact the referring staff member** with the outcome of the assessment. |