**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](mailto: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**](mailto: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. |