

CLIENT OR PATIENT REFERRAL FORM

Personal details

Client/patient name			
Address			Postcode
Sex M/F		Email	
Date of birth		Mobile	
Age		Home Tel	
Accompanying Supporter			
Address			Postcode
Sex M/F		Email	
Date of birth		Mobile	
Age		Home Tel	

Your family and supporter arrangements

What are your current living arrangements?	
Who lives with you and what is your relationship to each person?	
Describe the amount of support you receive from your family or supporters.	
Describe any current family differences of views or conflicts affecting you or your welfare.	

Your referring medical practitioner or other professional or person

Role			
Referral Objective			
Name			
Email		Phone	

Your Other Supporter or Decision Making Roles and Relationships

Role			
Relationship			
Name			
Email		Phone	
Role			
Relationship			
Name			
Email		Phone	
Role			
Relationship			
Name			
Email		Phone	
Role			
Relationship			
Name			
Email		Phone	
Role			
Relationship			
Name			
Email		Phone	

Reason for referral (tick as many boxes as apply)

- | | |
|---|---|
| <input type="checkbox"/> Appoint a representative | <input type="checkbox"/> Evaluate ability to independently manage finances |
| <input type="checkbox"/> Activate a power of attorney or guardianship | <input type="checkbox"/> Educate representatives about role |
| <input type="checkbox"/> Validate informed consent to a decision or proposal | <input type="checkbox"/> Evaluate concern about cause or situation or decision |
| <input type="checkbox"/> Explain the impact of a health, medical or legal decision or situation | <input type="checkbox"/> Have an initial general consultation about a particular cause or concern |

Bring or have these for your appointment

For the appointment please:

1. Supply or bring the following **documents** from treating health professionals (occupational health, social work, psychiatrist, psychologist, geriatrician, nurse, neurologist, cardiologist, NCAT or others):
 - (a) Relevant medical correspondence
 - (b) Relevant medical reports
 - (c) NCAT (NSW Civil and Administrative Tribunal) paperwork
2. Have your **photo ID** such as your driver's license and your Medicare card.
3. Have your reading **glasses** and **hearing aids** if you use them.
4. Bring **someone** with you who can help describe your difficulties if you are experiencing any problem with your thinking abilities or memory.

Please tell us anything else you believe will be relevant to our consultation including any more detail about what questions you want answered in the course of our first meeting:

Your medical details

Medical conditions			
Do you have concerns about your cognition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is "Yes" then why?	

Bring to your appointment the following from treating health professionals (occupational health, social work, psychiatrist, psychologist, geriatrician, nurse, neurologist, cardiologist, NCAT or others).

- Relevant medical correspondence
- Relevant medical reports
- NCAT (NSW Civil and Administrative Tribunal) paperwork
- Relevant NDIS , Centrelink or DVA paperwork

Your documents

Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes", what is its date?	
Do you have a current enduring power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes", what is its date and who is your attorney?	
Do you have a current power of enduring guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes", what is its date and who is your guardian?	
Have you appointed a person as you agent, nominee, advocate or other representatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes", what is its date of appointment and who is your representative?	
Are you involved with NCAT (NSW Civil and Administrative Tribunal)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes", what involvement have you had?	