

# Part B: Carer Referral Form

If question is irrelevant or information not known, write Not Applicable or NA

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

Record Agency Assigned Consumer Identifier (initial contact agency) or affix label here

Complete this form where a client has an identified primary carer who is experiencing stress, financial, emotional or lifestyle pressures as a result of their caring role. This form should be used for referral to local carer support service. Please phone 1800 059 059 to locate the carer's local Commonwealth Carer Respite Centre or other carer service.

## Carer details:

Family Name:		<b>Referral Completion Checklist:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No This Page <input type="checkbox"/> Yes <input type="checkbox"/> No Carer Information <input type="checkbox"/> Yes <input type="checkbox"/> No Consumer Information <input type="checkbox"/> Yes <input type="checkbox"/> No Summary and Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Carer/Consumer Consent Other, specify
Given Names:		
Preferred Name/s:		
Address:		
P/code:		
Ph: (H)	(W)	Carer's GP: Ph: Consent to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mob.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Care Recipient:
Date of birth: (dd/mm/yyyy)		

## Cares for:

Name:	<b>This page completed on:</b> By: <input type="checkbox"/> The carer <input type="checkbox"/> The agency (face-to-face with carer) <input type="checkbox"/> The agency (other, incl. telephone contact with carer) Consumer privacy information brochure provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Agency: Assessments: (please tick) ACAS <input type="checkbox"/> Level : High/Low Exp. HACC <input type="checkbox"/> DHS <input type="checkbox"/> Other <input type="checkbox"/>
Address:	
P/code:	
Phone:	
Co-resident carer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessments: (please tick) ACAS <input type="checkbox"/> Level : High/Low Exp. HACC <input type="checkbox"/> DHS <input type="checkbox"/> Other <input type="checkbox"/>	

## Impact on Caring:

Carer's emotional health:	
Carer's physical health:	
Carer wellbeing (level of burden/stress):	
Financial issues impacting on caring:	
Current services involved:	
Does consumer have a case manager/case co-ordinator? <input type="checkbox"/> Yes specify... <input type="checkbox"/> No	
Carer Issues – Reason for Referral:	Carer Recipient Diagnosis:

# Carer Information

If question is irrelevant or information not known, write Not Applicable or NA

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

Record Agency Assigned Consumer Identifier (initial contact agency)  
or affix label here

## 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

/ / 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

## 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: