

Carer Respite Program Referral Form

OPS 203 F4

This form may be used by an organisation to refer a carer or as a self-referral by the carer

1. Carer Details

Referral Date:

Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
Date of birth		Country of birth	
Main Language Spoken at Home	<input type="checkbox"/> Interpreter required	Aboriginal and/or Torres Strait Islander Status	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Home address			
Suburb/Town/Locality		Postcode	
Phone contact			
Email address			

2. Referrer Details

<input type="checkbox"/> Tick if self-referral - then continue to section 3	
Has Carer consented to referral	<input type="checkbox"/> No <input type="checkbox"/> Yes
Full name	
Organisation	
Job title	
Phone	
Email	

3. Care Recipient Details

First name	
Age (or year of birth)	

4. Carer Emergency Contact Details

Full name	
Relationship	
Phone	
Additional phone/email	

5. Other Services Involved with Carer (not Care Recipient)

Service 1

Name	
Agency	
Type of support	
Contact number	

Service 2

Name	
Agency	
Type of support	
Contact number	

6. Reason for referral – Current situation / impact of caring role / support required

What is the current situation? What is the impact of the caring role? What supports might be useful?

What kind of supports are preferred?

--

7. Health, Wellbeing, and Self-Care

Are there any health considerations that would be relevant for us to know? I.e. anxiety, depression, mobility

8. Interests and Additional Notes

Please list any activities that are of interest. Has there been any past participation in group activities? Any respite support that has/has not been beneficial?

9. Which of these activities and supports would be of interest:

- Cooking Sessions
- Art & Craft
- Well-being
- Self-care
- Coffee & Chat
- Information sessions
- Peer support evenings
- Retreats
- Day outings
- 1:1 support
- Family support

10. Signature

Name:			
Signature:		Date:	

Thank you for taking the time to complete this form.

Please return to:

email: respite@ermha.org

Or post to: ermha365, 1st Floor Building G, 45 Assembly Drive, Dandenong South, VIC 3175

OFFICE USE ONLY: Consent and Authority to exchange information sighted