

# Carer Support 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 - <b>then continue to section 3</b>	
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?

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**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**

<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Thank you for taking the time to complete this form.**

Please return to:

**email: [carersupport@ermha.org](mailto:carersupport@ermha.org)**

**Or post to: ermha365, 1<sup>st</sup> Floor Building G, 45 Assembly Drive, Dandenong South, VIC 3175**

**OFFICE USE ONLY:** Consent and Authority to exchange information sighted