

# Virtual Homecare referral form

## IN HOME

	Name of referrer		Date of request	
	Company (if applicable)		Referrer contact no.	
	Referrer email address		Relationship to client	
	Name of client		Client date of birth	
	Address of client		My aged care no.	
	Email address <i>to use for online consult</i>			
	Medical history <input type="checkbox"/> Attached <i>(If not, please provide details)</i>			
	Reason for referral & Client notes			
SERVICES REQUIRED	<b>PLEASE NOTE:</b> The scheduled visit will only be for the requested type of service	Does the referral require a Concentric Allied Health Assistant to attend to assist with session facilitation- through our TeleConnect service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<b>Discipline (tick which apply)</b> <input type="checkbox"/> Dietitian <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Psychologist	<b>Appointment preferences (Multiple)</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
TECH INFO	Device used to access online consultation has	<input type="checkbox"/> Camera capabilities <input type="checkbox"/> Audio capabilities <input type="checkbox"/> Only telephone access <input type="checkbox"/> Internet access <input type="checkbox"/> Will onsite support be required for technology during visit?		
HOME	Home safety checklist <i>Only required for TeleConnect</i>	<input type="checkbox"/> <b>COMPLETED HOME SAFETY CHECKLIST HAS BEEN ATTACHED</b> <i>(please ensure home safety checklist is attached)</i>		
CONTACT	Primary Contact <i>Details to be used to organise appointments etc.</i>	Full Name	Contact no.	Relationship to client
	Secondary Contact <i>Will only be contact if primary contact unavailable</i>	Full Name	Contact no.	Relationship to client
GP	GP name	GP Contact no.		
	GP email			
FUNDING	Funding/ Package	<input type="checkbox"/> STRC <b>START DATE</b> <b>END DATE</b>		
		<input type="checkbox"/> CHSP		<input type="checkbox"/> HCP