

# LIVING WELL, AGEING WELL PROGRAM (LWAW)

## REFERRAL FORM

**Referrals** to be sent via EMAIL [livingwellageingwell@merrhealth.org.au](mailto:livingwellageingwell@merrhealth.org.au)

ELIGIBILITY CHECK:	
Is the client aware of this referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the client provided informed consent for this referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO <a href="#">SCTT consent form attached?</a>
Is the client aged 18 – 64 years old?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the client not eligible/ not appropriate for the NDIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the client socially isolated/ lonely or at risk of?	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERRAL DETAILS:		
Date of Referral:		
Referrer Details:	Name:	
	Relationship to Client:	
	Contact Details:	

CLIENT DETAILS:			
Client Name:		Date of Birth:	
Address:		Preferred telephone number:	
Email:			
Country of Birth:		Relationship Status:	
Does the client identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Non-Indigenous		
Language(s) spoken:		Interpreter preferred or required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Finance/ Income:	<input type="checkbox"/> Disability Pension <input type="checkbox"/> Employed <input type="checkbox"/> Other:		

Emergency Contact:	Name:			
	Relationship to Client:		Frequency of contact?	
	Contact Details:			



<b>REFERRAL INFORMATION:</b>
<b>What is the reason for this referral? (i.e., presenting issues, ability to access community, barriers to participation):</b>
<b>Can you describe any current interests or connections this person has? (i.e., client interests, faith, family and friends).</b>
<b>What services are currently involved in the client's care (i.e., services used in past 12 months):</b>
<b>Services you have referred the client to:</b>
<b>Any additional information to assist referral? (e.g., contact daughter first, female interpreters only):</b>

Thank you for this referral, if you have any questions for Living Well, Ageing Well (LWAW), please do not hesitate to visit our website: [Merri Health | Living Well, Ageing Well](#)

**Enquiries**, please EMAIL [livingwelligeingwell@merrhealth.org.au](mailto:livingwelligeingwell@merrhealth.org.au)