

STEPPED CARE FOR OLDER ADULTS (SCOA) REFERRAL FORM

Referrals to be sent via **FAX (03) 9495 2599** or **EMAIL service.access@merrihealth.org.au**

Enquiries please **PHONE (03) 8319 7450** or **EMAIL steppedcare@merrihealth.org.au**

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|--------------------------|-------------------------|--|
| Date of Referral: | | |
| Referrer Details: | Name: | |
| | Relationship to Client: | |
| | Contact Details: | |

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|-------------------------------------|---|---|--|
| Client Name: | | Date of Birth: | |
| Address: | | Telephone 1: | |
| | | Telephone 2: | |
| Email: | | | |
| Country of Birth: | | Relationship Status: | |
| Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____ | Does the client identify as LGBTIQ+: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 |
| Housing Status: | <input type="checkbox"/> Sleeping rough / non-conventional accom <input type="checkbox"/> Short-term / emergency accom <input type="checkbox"/> Not homeless | | |

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|---------------------------|-------------------------|--|-------------|
| Emergency Contact: | Name: | | |
| | Relationship to Client: | | |
| | Contact Details: | | |
| GP Details: | GP Name: | | |
| | Practice Name: | | |
| | Practice Address: | | |
| | Phone Number: | | Fax Number: |

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| 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 |
| Reason for Referral: | |



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| Client's diagnoses (if any) and current psychosocial context (e.g. living alone, nil family): | | |
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| Client's background, e.g. personal history, employment history, education history | | |
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| Service Engagement Questions | Y | N |
| Has the client been referred to My Aged Care Services in the last 12 months? (e.g. CHSP physiotherapy, podiatry, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the client currently have a Home Care Package? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the client currently waiting for a Home Care Package? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the client accessed their GP in the last 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the client accessed emergency services in the last 3 months? (e.g. Hospital ED and ambulance services) | <input type="checkbox"/> | <input type="checkbox"/> |
| Services currently involved in the client's care: | | |
| | | |
| Services the client has been referred to: | | |
| | | |
| Additional information to assist referral (e.g. contact daughter first, female interpreters only): | | |
| <i>Please attach / send any documents that will assist in care planning i.e. MAC support plan, referral codes, etc.</i> | | |

For further information about Stepped Care for Older Adults (SCOA) please visit our website:
<https://www.merrihealth.org.au/services/aged-care/mental-and-physical-wellbeing-services/>