

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**

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

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		

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

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:	



Merri Health

Healthcare that moves with you

Client's diagnoses (if any) and current psychosocial context (e.g. living alone, nil family):		
Client's background, e.g. personal history, employment history, education history		
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/>