Tasmanian Community Care Referral Service

Referral Form

hacc home and community care

Monday-Friday 8:30am – 5:00pm
(Excluding public holidays)

Telephone referrals: **1300 769 699**
Fax referrals: **1300 721 611**

Please note: referrals are required to be received by midday where action is required the next business day.

CLIENT DETAILS:

Title: **First name:** **Surname:**
Address:
Suburb: **Post code:** **Date of birth:** / /
Phone: **Accommodation:** ☐ own home ☐ private rental ☐ public rental
Client consent obtained: ☐ **Lives alone:** Yes ☐ No ☐ **Country of birth:**
Language spoken at home: **Interpreter:** ☐ Yes ☐ No
☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Not Aboriginal
Pension type: (specify)

CARER DETAILS:

Name: **Relationship to client:**
Address: **Phone:**
Next of kin details (if different from carer)

REQUEST FOR SERVICES:

☐ Allied health (*specify details below)
☐ Case management (*specify details below)
☐ Centre based day care
☐ Counselling/Information/Advocacy
☐ Domestic assistance (housework)
☐ Delivered meals
☐ Home maintenance (*specify details below)
☐ Home modifications (*specify details below)
☐ Personal care (*specify details below; include aids)
☐ Respite in home
☐ Shopping
☐ Social support (*specify details below)
☐ Transport
☐ Other: (*specify details below)

***Specify details** (example: Allied Health – physiotherapy required to assist client after stroke)

☐ **Complete if community nursing is required:** (including clinic)

Date of 1st visit:

☐ **Medication assistance:** (cannot commence unless drug chart provided) **Drug chart faxed:** ☐ Yes ☐ No
☐ **Wound care:** (cannot commence unless wound chart provided) **Wound chart faxed:** ☐ Yes ☐ No
☐ **Other:** (specify)

Discharge address: (if different from above)

CURRENT REFERRAL DETAILS:

Current diagnosis/treatment:

Relevant medical and social history: (including current service provider details)

Alerts: cognitive/falls/allergies/home environment:

REFERRER AND GP DETAILS:

Referrer name: **Position:**
Organisation: **Phone:** **Fax:**
GP name: **Phone:**
Address: **Date:**

Thank you for your referral

Tasmanian Government