



Community Visitors Scheme (CVS)
Funded by the Australian Government

CARE RECIPIENT PROFILE

Confidential

To be completed by the aged care provider representative, CVS auspice coordinator, recipient or their representative

REFERRER

Aged Care Provider Name		Date	
Suburb		State	
Referrer's name		Position	
Email		Phone	

Who has given consent to refer the recipient and provide this information? Recipient or Next of Kin must give consent.

Name		Relationship	
For Aged Care Home residents ONLY, type of visit required (tick).		One-on-one Visits	Group visit

CARE RECIPIENTS DETAILS

Title		First Name		Surname		DOB	
Country of Origin		Religion		Preferred Pronouns		Gender	
Preferred Language/s							
Reason for referral							
Background eg. Family and culture							
Work background							
Hobbies and Interests							
Current visitors and relationships							
Suggested activities for visitor							
Is the recipient able to participate in outings without personal care support?							

SPECIAL NEEDS GROUP. This information is important so it can be used to direct the care recipient to services and is requested by the Department of Health. The information will be treated in the strictest confidence in accordance with the *Privacy Act 1988*.

Does the care recipient identify as being from a special needs group, as specified under the *Aged Care Act 1997*?

Please indicate which of the below does the resident most identify with.

People from Aboriginal and Torres Strait Island Communities	
People from Culturally and Linguistically Diverse Backgrounds (CALD)	
People who live in rural or remote areas	
People who are financially or socially disadvantaged	
Veterans	
People who are homeless or at risk of becoming homeless	
Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)	
Parents separated from their children by forced adoption or removal	
Lesbian, gay, bisexual, transgender and intersex people	

Home Care Package recipients ONLY

Home Address			
Phone			
Emergency contact person		Relationship	
Phone (1)		Phone (2)	

HEALTH STATUS. Please include any issues that may impact on visits such as mobility, hearing, eyesight, continence, speech, dementia and/or challenging behaviour. This information is vital to ensuring a suitable match

VISITOR PREFERENCES

Gender		Age		Language or Cultural Preferences	
Other preferences					

Other COMMENTS