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| REFERRAL FORM |  |

Date of Referral 23 January 2024

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| **Customer Details** |
| *This is the person who will be receiving services* |

Title: ⬜Mr ⬜Mrs ⬜Ms ⬜Other \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: 26/10/1947

First Name(s): Gillyee Surname: Carey

Residential Address: 7 Surrey Link, Millbridge

Postal Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: gillyeecarey@hotmail.com

Home Phone: \_ Mobile: 429261073

Health and/or Safety Concerns (e.g. pets, immunocompromised etc

Will the customer or a support person be able to use a mobile phone and/or video conferencing technology to assist with conducting an assessment in the case of a COVID lockdown or other unforeseen circumstances? ⬜Yes ⬜No

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| **Customer Availability** |
| *Please note TADWA is open Monday to Friday and does not conduct any assessments or complete any work on weekend days. TADWA Occupational Therapists conduct assessments in the morning only (between 8:30 am and 12:30 pm) and TADWA technicians generally work from 7 am to 3 pm.* |

Please indicate below any customer preferences for days and times for assessments, onsite visits, installations etc. Please note we may not always be able to accommodate preferences but will endeavour to do so wherever possible.

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| ⬜Monday AM | ⬜Monday PM | ⬜Tuesday AM | ⬜Tuesday PM | ⬜Wednesday AM |
| ⬜Wednesday PM | ⬜Thursday AM | ⬜Thursday PM | ⬜Friday AM | ⬜Friday PM |

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| **Referrer Details** |
| *This is the person or organisation requesting services on the customer’s behalf* |

Full name: \_\_Jon Morrell Relationship to Customer: Service Provider

Organisation *(leave blank if not applicable)*: \_\_Southern Plus\_\_\_\_\_\_

Address: \_Busselton

southwesthcs@southernplus.org.au

Phone: 97915688 Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person or a representative of this organisation required to be present to support the customer during any assessments or onsite visits?

⬜Yes ⬜No

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| **Carer, Representative, Advocate or Family Details** |
| *If not applicable please go to the next section* |

Full name: \_Anthony Carey - Husband - 0417 930 579

Organisation *(leave blank if not applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person required to be present to support the customer during any assessments or onsite visits?

⬜Yes ⬜No

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| **Customer’s Diagnosis / Health Condition** *Please provide relevant details* |

• Gillyee’s has a number of chronic health conditions and a medical history of injury (including from cancer) that impacts on her function and is compounded by the effects of aging.

Toxic effects of substances of medical source, complications of surgical & medical care...severe complications of transvaginal mesh implant surgery, Stress/urinary and faecal incontinence , Diseases of the intestine - including stomach/duodenal ulcer, abdominal hernia, diverticulitis, diarrhoea., Pain, Myocardial infarction (heart attack), Transient cerebral ischaemic attacks (T.I.A.s), Breast cancer that spread to left leg requiring operation for bone removal., Bladder cancer, Other diseases of the nervous system n.o.s or n.e.c (insomnia.) Osteoarthritis.

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| **Equipment Currently Used** *Please provide relevant details* |

Recliner chair

Railing toilet,Railing bathroom

Four wheeled Walker,Wheel chair for longer distances

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| **Service(s) Requested** |

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| **Therapy Services: Occupational Therapy** | | | |
| ⬜ | Home Environment Assessment | ⬜ | Assessment for equipment or assistive technology |
| ⬜ | Skills Training | ⬜ | Transfer Training |
| ⬜ | Self Care Assessment | ⬜ | Showering Assessment (with carer) |
| ⬜ | Other: \_ | | |

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| **Home Modifications** | | | | | |
| ⬜ | General | ⬜ | Bathroom | ⬜ | Kitchen |
| ⬜ | Other: | | | | |

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| **TACS (Technology and Computer Services)** | | | |
| ⬜ | Mobile Pendant Alarm (check) | ⬜ | Refurbished Technology Equipment |
| ⬜ | Konnekt Video Service | ⬜ | New Technology Equipment |
| ⬜ | Tech Support Agreement |  |  |
| ⬜ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Recreation and Mobility** | | | |
| ⬜ | Freedom Wheels | ⬜ | Silver Wheels (65+) |
| ⬜ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Vehicle Mobility** | | | | | |
| ⬜ | Hand Controls | ⬜ | Left Foot Accelerator | ⬜ | Wheel Chair Hoist |
| ⬜ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Custom Solutions** | |
| ⬜ | Other: |

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| **Billing / Funding Details** |

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⬜Self Funded ⬜NDIS ⬜EFL Grant ⬜Home Care Package

⬜Other

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#### Person or Organisation Responsible for Invoice *(if different from Customer)*

Name / Organisation: Southern Cross Care WA

Billing Address: hcinvoices@scrosswa.org.au

Email: southwesthcs@scrosswa.org.au Phone: 97915688

NDIS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDIS Plan Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to [referrals@tadwa.org.au](mailto:referrals@tadwa.org.au) for TADWA Head Office

or [bunbury@tadwa.org.au](mailto:bunbury@tadwa.org.au) for TADWA Bunbury