



AGED CARE SERVICES REFERRAL FORM

Fax: 02 5943 2795

Email: MLHD-AgedCareCentralIntake@health.nsw.gov.au

This referral is for: Geriatrician Psycho-Geriatrician Specialist Aged Care Nurses Inpatient ACAT
 Wagga Aged Care Allied Health; specify: _____

Note: * See "page 3" for documents required to accompany referral

* All outpatient referrals for RAS or ACAT are made via: www.myagedcare.gov.au

Date of Referral: _____ Date ready for care: _____ MRN: _____

Reason for Referral:

REFERRER DETAILS

Name:		Telephone:		Fax:	
Referring Service:					
Has Client Consented to this Referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				

CLIENT DETAILS

Title:		First Name:		Surname:		D.O.B:	
Medicare Number:				Exp. Date:			
				D.V.A:	<input type="checkbox"/> NO <input type="checkbox"/> White <input type="checkbox"/> Gold		
Address:				Suburb:			
				Postcode:			
Telephone # (home):				Mobile #:			
Client identifies as Aboriginal or Torres Strait Islander						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Decline response	
Preferred Language:				Interpreter Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

NEXT OF KIN / EMERGENCY CONTACT

Name:		Phone:	
Relationship to Client:			Contact for appointment: <input type="checkbox"/> CLIENT <input type="checkbox"/> NOK

GP / DOCTOR RESPONSIBLE

Name:		Telephone:		Fax:	
Location of Practice:					

MEDICAL

Diagnosis / Relevant History:	
Current Services (i.e. Home Care Package) and Provider:	

CLIENT DETAILS

Title:		First Name:		Surname:		D.O.B:	
--------	--	-------------	--	----------	--	--------	--

STOP - PAGE 2 FOR INPATIENT ACAT and WAGGA AGED ALLIED HEALTH REFERRAL ONLY

Functional Assessment (to your knowledge, is the client able to...)				
	WITHOUT HELP	WITH SOME HELP	COMPLETELY UNABLE	UNKNOWN
Get out of bed / chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feed self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower or bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage own medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare own meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage own money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# Falls in the last 12 months				

*** STOP – THIS SECTION FOR INPATIENT ACAT REFERRAL ONLY***

Reason for ACAT Assessment (must be an inpatient and include <u>TACP</u> and/or <u>Residential care</u>)			
Community ACAT referrals are made via: www.myagedcare.gov.au/referral			
<input type="checkbox"/> Transition Care (TACP)	<input type="checkbox"/> Residential Care	<input type="checkbox"/> Residential Respite	<input type="checkbox"/> Home Care Package

Please submit this referral via:

Fax: 02 5943 2795

Email: MLHD-AgedCareCentralIntake@health.nsw.gov.au

Telephone: 02 5943 2753

Office use only:	
IPM	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMR/CHOC	<input type="checkbox"/> YES <input type="checkbox"/> NO
Scheduled	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sent to Clinician	<input type="checkbox"/> YES <input type="checkbox"/> NO
MRN	
Intake name / date	

This referral form can be used for the following services:

- **Geriatrician** – for non-acute, older community based clients with recent/early/mild cognitive change (such as mild-moderate dementia, MCI, or Mild/Major Neurocognitive disorder) and/or other aged related complex health assessment and management. * (attachments required – see below)
- **Psycho-geriatrician** – for non-acute, older community based clients with recent/early/mild cognitive change (such as mild-moderate dementia, MCI, or Mild/Major Neurocognitive disorder) **AND** psychiatric disturbance (such as depressive or anxiety symptoms, delusions, visions or voices). * (attachments required – see below)
- **Specialist Aged Care Nurses** * (attachments required – see below)
 - **Geriatric** – non-acute, older community based clients with complex cognitive; functional and/or behavioral issues; acute changes in cognition/behaviour/function; comprehensive geriatric assessments; management of mild-moderate Behavioural and Psychological Symptoms of Dementia (BPSD); transition into aged care facilities. The Aged Care Nurse Practitioner can be also referred to for advanced clinical assessments; diagnosis; therapeutic intervention (including the prescribing of Cholinesterase inhibitors; psychotropic medication management; chronic pain management) and pharmacological reviews.
 - **Psychogeriatric** – for non-acute, older community based clients with recent/early/mild cognitive change **AND** psychiatric disturbance; comprehensive assessments; intervention/management and short-term care coordination.
 - **Parkinson's** – non-acute, older community based clients diagnosed with Parkinson's, and their carers, who require care coordination, education and support.
- **Inpatient ACAT** – for patients who are not able to return home and require ACAT assessment prior to hospital discharge; this must include a request for Transition Care and/or Residential Care. ACAT assessments for clients returning home or based in the community, please make referrals via My Aged Care (www.myagedcare.gov.au/referral).
- **Wagga Wagga Aged Care Allied Health** – for older clients based in the Wagga Wagga community who require physiotherapy (including group based for strengthening, balance and falls prevention), speech pathology, occupational therapy (including functional therapy, equipment and mobility aids), or social work / welfare therapies. Note occupational therapy (home modifications) and podiatry referrals should be made via My Aged Care (www.myagedcare.gov.au/referral). All other allied health referrals beyond this scope and outside of Wagga Wagga should be made via *MLHD Community Care Intake Service* on **1800 654 324**.

** Geriatrician; Psychogeriatrician and Specialist Aged Care Nursing referrals must include a **GP referral letter**, medical screen (to exclude delirium), appropriate blood and imaging investigations, and relevant specialist letters or assessment documents (e.g. cognitive screens; behaviour charts; pain assessments). Please also document any other referrals to relevant services or clinicians (e.g. SHMOPS / DBAMS / DBMAS / OPMH).*