

LIVING WELL, AGEING WELL PROGRAM (LWAW)

REFERRAL FORM

Referrals to be sent via EMAIL livingwellageingwell@merrhealth.org.au

ELIGIBILITY CHECK:	
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 SCTT consent form attached?
Is the client aged 50 – 64 years old?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the client not eligible/ not appropriate for the NDIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the client socially isolated/ lonely or at risk of?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

CLIENT DETAILS:			
Client Name:		Date of Birth:	
Address:		Preferred telephone number:	
Email:			
Country of Birth:		Relationship Status:	
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
Finance/ Income:	<input type="checkbox"/> Disability Pension <input type="checkbox"/> Employed <input type="checkbox"/> Other:		

Emergency Contact:	Name:			
	Relationship to Client:		Frequency of contact?	
	Contact Details:			



REFERRAL INFORMATION:
What is the reason for this referral? (i.e., presenting issues, ability to access community, barriers to participation):
Can you describe any current interests or connections this person has? (i.e., client interests, faith, family and friends).
What services are currently involved in the client's care (i.e., services used in past 12 months):
Services you have referred the client to:
Any additional information to assist referral? (e.g., contact daughter first, female interpreters only):

Thank you for this referral, if you have any questions for Living Well, Ageing Well (LWAW), please do not hesitate to visit our website: [Merri Health | Living Well, Ageing Well at 50+](#)

Enquiries, please EMAIL livingwelligeingwell@merrhealth.org.au