



*"Healthy Activity for older people to reach their full potential"*

**Cultura Centre Based Services New Client Referral Form**

Date: \_\_\_\_\_ Worker completing this form: \_\_\_\_\_

Information received: Telephone/Email/Fax/Face to Face

Information received from: \_\_\_\_\_

Referrer's contact details: \_\_\_\_\_

Name of potential Client: \_\_\_\_\_

Address of Client: \_\_\_\_\_

Phone contact of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

Contact person/carer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ethnic Group client identifies with: \_\_\_\_\_

Level of English/Interpreter Requirements: \_\_\_\_\_

Health information: \_\_\_\_\_

Is the potential client aware of the referral and OK to contact? Yes/No \_\_\_\_\_

Has an assessment been completed by another agency: Yes/No

If yes, which agency? CoGG/Barwon Health/Aged Care Assessment Service/MACS/Other:

\_\_\_\_\_

Has the potential client given permission for the release of this assessment to Cultura? Yes/ No

*Commonwealth Home Support Program(CHSP) and Home and Community Care (HACC) services are funded to provide support for people who are aged (Over 65 years) who are frail, or have other*

*disabilities and are living in the community – and encourages people to live as independently as possible in their own homes. **Cultura services are for people from CALD (culturally and linguistically diverse) backgrounds who reside in Geelong area.***

**Pre Home visit risk assessment**

Please advise potential client that: Cultura has a duty of care to make sure that all staff are safe at work, so it is routine for us to ask some questions before we visit you at home. Explain that you need to ask about pets, firearms, smoking – and that we ask these of all clients

|  |       |      |   |
|--|-------|------|---|
| Are there any known barriers to communication?<br>Explain that if English is not your first language we will require an independent interpreter – this is policy and not meant to be offensive to you or your family in any way. | Yes   | No   |   |
| Are there any cultural sensitivities or beliefs you would like us to be aware of?<br>e.g. please remove shoes before entering the home   | Yes   | No   |   |
| Does anyone smoke inside your home?  | Yes   | No   | If yes, explain the need to abstain or smoke outside during the assessment          |
| Are there any animals on the property?   | Yes   | No   | If yes, explain the need for animals to be restrained/removed during the assessment |
| Are there any firearms on the property?  | Yes   | No   | If yes, are they registered and stored appropriately?                               |
| Are there any problems with mobile phone coverage?<br>Is there a landline?   | Yes   | No   |   |
| Are there any problems gaining access to your property?<br>Eg unsealed road, no sign posting, locked gates<br>*Please give directions  | Yes   | No   |   |
| Location of the entrance door  | Front | Back |   |
| Is anyone else likely to be present?   | Yes   | No   |   |
| Is there anything else we need to know that might be a safety issue for our staff?   | Yes   | No   |   |

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Please email form to Cultura Healthy Living Centre at [aged.support@diversitat.org.au](mailto:aged.support@diversitat.org.au)