



*“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: \_\_\_\_\_

Aged Care ID Number: AC \_\_\_\_\_ Phone contact of Client: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Language Spoken at home: \_\_\_\_\_

Ethnic Group client identifies with: \_\_\_\_\_ Interpreter Requirements: Yes/No

Name of the Nominated person/carer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is a copy of the care plan attached? Yes/No                      HCP level:    1       2       3       4

**GP Details**

GP’s Name: \_\_\_\_\_ GP’s Contact Details: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Brief Medical History: \_\_\_\_\_

*\*Please provide a medication list if applicable.*

Has the potential client provided consent for us to contact them? Yes/No

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

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

\_\_\_\_\_

***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? 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? 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? Is there a landline?	Yes	No	
Are there any problems gaining access to your property? Eg unsealed road, no sign posting, locked gates *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 the form to Cultura Healthy Living Centre at [aged.support@cultura.org.au](mailto:aged.support@cultura.org.au)**