

Case Manager Referral Form

Service Request for Call on Clare

Date:		Client's Name:	
Organisation:		DOB:	
Case Manager:		Gender:	
Phone:		Address:	
Email:		Phone:	
Attention to:		Marital Status:	
Billing Address:		Preferred Language:	
NOK Name:		GP Name:	
Relationship to client:		Clinic:	
Address:		Phone:	
Phone:		Fax:	
Email:		Email:	

Medical History:

Heart / Lung Disease	
Diabetes	
Musculoskeletal	
Mood disorders	
Dementia	
Vision/ hearing/ speech	
Allergies	

Functional Status:

Personal care needs	
Gait & Mobility	
Continence	
Cognition/Memory	
Existing supports	
Living arrangements	

Case Manager Referral Form



Services Requested

Support Services/Transport		Care Plus		Nursing Care		Specialist Care	
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Respite Care

	Tasks	Hours (min 2hrs)	Days / frequency	Start date
	Social outings			
	Medical appointments			
	Travel allowance (\$1.40/km)			
	In-home respite			

Home Care (please note Call on Clare does not accept Home Care-only referrals)

	Tasks	Hours (min 2hrs)	Days / frequency	Start date
	Floors (mop & vacuuming)			
	Dusting			
	Bed Making (no mattress turning)			
	Bathroom & Toilet			
	Laundry			
	Hanging out washing			
	Ironing			
	Meal Preparation			
	Un/escorted shopping			
	Other (specify)			

Personal Care

	Tasks	Hours (min 2hrs)	Days / frequency	Start date
	Transferring in/out of bed			
	Showering/bathing			
	Dressing /Undressing			
	Contenance Assistance			
	Grooming			
	Meal assistance			

Case Manager Referral Form



Nursing Care

	Care required	Hours (min 2hrs)	Days / frequency	Start date	Stop date
	Wound Care				
	Catheter Care				
	Stoma Care				
	Medication Management				

Specialist Care

	Care required	Hours (min 2hrs)	Days / frequency	Start date	Stop date
	Clinical Assessment				
	Complex Care				
	Paediatric Care				
	Palliative Care				

Additional Comments / Instructions / Worker Requirements

Worker preferences:
Special requirements:
Other: (eg preferred times)

OH&S checklist for Brokered Services Program

Is it safe?	Yes	No	N/A
Risk of aggression/ violence/ drug and alcohol abuse/ self-harm by the client or others at the premises. (Please note Call on Clare does not accept referrals for clients who are known to be aggressive).			
Electrical safety concerns			
Slip or trip hazards			
Client or others at the premises smoke			
Pets separated from worker both inside and outside			
Easy and unobstructed access to the front and rear entrance			
Washing machine, clothesline, iron and ironing board in working order			
All cleaning equipment in working order			

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Safe cleaning products available (non-toxic)			
All mechanical aids including walking frame and wheelchair in working order			
Smoke alarm/s in working order			
Adequate workspace to do tasks			
Other OHS issues (e.g. possibility of weapons on premises)			

Comments:

Checklist Completed by: _____

Date: _____

This referral will only be accepted on the condition that the OH&S Check list is completed and accurate.

Signed: _____

Date: _____

Please return this form to
clare@callonclare.com.au