



Lotus Companionship Care

## Lotus Companionship Care

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# LOTUS COMPANIONSHIP CARE REFERRAL

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

### 1. Referrer Details

Referrer: \_\_\_\_\_ Organisation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2. Client Information

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Female

Street: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Contacts

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### 4. Doctor Information

LMO: \_\_\_\_\_ Provider No: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Provider No: \_\_\_\_\_ Phone: \_\_\_\_\_

### 5. Service Specification

Date Required to commence services: \_\_\_\_\_

Type of companionship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 6. Medical Information/ Presenting Problem

#### Carer Status

- Nil
- Resident Carer
- Non-Resident Carer

#### Medication

- Self
- Carer
- RN
- Blister Pack
- Other

#### Mobility

- Independent
- Some Assistance
- Full Assistance
- ADL Low
- ADL High

#### Mental State

- Alert
- Short-Term Memory Loss
- Confused
- Aggressive

Are there identified risks for staff?  Yes  No Specify: \_\_\_\_\_

Medical History/Diagnosis \_\_\_\_\_

\_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

Name: \_\_\_\_\_ Provider No: \_\_\_\_\_ Signature: \_\_\_\_\_