

FocusOne Health – Psychological Therapies in Residential Aged Care Facilities

Referral Form

Referrer to complete form and fax to **(08) 7070 0540**

Referrers Details				
Date of Referral:		Referrers Name:		
Organisation:		Phone Number:		
Email:				
Does the client consent to referral? FocusOne Health is a voluntary service and all clients must consent to and be willing to engage in services				<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Details				
Name:		DOB:		Age:
Gender:	Male	Female	Other	Not stated
Address:				
Best telephone contact:		Mobile:		
Email:				
GP:		When did you last see a Dr?		

In case of Emergency contact	Name:		Phone:	
Do you identify as:	Aboriginal	Torres Strait Islander	Neither	
Country of Birth:	Australia	Other (please state):		
Do you speak a language other than English?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (please state)	
Ability to speak English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not At All
Do you live in a RACF:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Other
Former Occupation:				
Education Level:				

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Are you currently engaging with or being supported by any other services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, please explain:

What are the main issues of concern at the moment?

a) Greatest Problem

b) Second greatest problem (if applicable)

Over the last two weeks how often have you been bothered by any of the following problems	Not at all	Several Days	More than half the days	Nearly everyday
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

Over the last two weeks how often have you been bothered by any of the following problems	Not at all	Several Days	More than half the days	Nearly everyday
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3