


<p>Referral to:</p>  <p>Specialising in Continence Assessment</p> <p>DVA Provider No: 9722181T</p> <p>NDIS Provider No: 4050066722</p>	<h3 style="text-align: center;">Client Details</h3> <p><b>Surname:</b> _____ <b>Given Names:</b> _____</p> <p>Other names if known as a different name: _____</p> <p><b>DOB:</b> _____</p> <p><b>Phone:</b> _____ <b>Email:</b> _____</p> <p><b>Please give details on the best person to contact if it is not the person being referred and relationship to client (eg. husband, wife, mother, father, friend etc):</b></p> <p><b>Name of person to contact:</b> _____ Relationship to client: _____ Phone: _____ Email: _____</p> <p><b>Address for the home visit including postcode:</b> _____</p> <p><b>Postal Address if different from home address:</b> _____</p> <p><b>This address is for: (circle):</b> Own/family home      SDA/SIL      RACF</p> <p><b>Other, please specify:</b> _____</p> <p><b>Assessments are usually conducted by the nurses during a home visit.</b> <b>Are there any concerns that would make a home visit unsafe or unsuitable?</b> _____</p> <p><b>Will there be any communication challenges in conducting the assessment?</b> _____</p>	
<p><b>Referred by:</b></p>	<p><i>Name:</i> .....</p> <p><i>Organisation:</i> .....</p> <p><i>Referrer role/designation:</i> .....</p> <p><i>Phone:</i> .....</p> <p><i>Email:</i> .....</p> <p><i>Date of referral:</i> .....</p>	<p><i>Funding (circle):</i></p> <p>DVA</p> <p>NDIS</p> <p>Support at Home</p> <p>STRC</p> <p>Other/Private</p> <p>NIISQ</p> <p>ITC Program</p> <p><i>Check funding information at</i> <i><a href="http://www.continencenurse.com.au">www.continencenurse.com.au</a></i></p>
<p><b>DVA information</b></p>		
<p>Gold Card Number: .....</p> <p>A letter from a Medical Officer must accompany all DVA referrals.</p> <p>Are there any community nursing providers in place? Yes/No</p> <p>Is the veteran receiving any other services at home? If yes, please list:</p> <p><b>A letter from a Medical Officer must accompany all DVA referrals.</b></p>		

**NDIS client information:****NDIS Number:** \_ \_ \_ \_ \_ **Date report is needed:** \_/ \_/ \_

Plan dates: From: ..... to: .....

Circle: Agency Managed      Self Managed      Plan Managed

Plan Manager: ..... Email for invoices: .....

**Quarterly Funding periods (please enter dates):**

Qtr1 To: ..... From: ..... \$: .....

Qtr2 To: ..... From: ..... \$: .....

Qtr3 To: ..... From: ..... \$: .....

Qtr4 To: ..... From: ..... \$: .....

**As the continence assessments are completed in a block of hours, the funding for the assessment and report writing is best front loaded to be able to allow the nurse to complete the work in a timely manner.****Support at Home Information**

SAH Provider: .....

Level of Package: ..... Quarterly funding allocation: .....

Contact details for SAH Provider/Care Coordinator:

Ph ..... Email: .....

Best email for invoices: .....

**Primary diagnosis/disability/reason for referral:**

Some basic information helps the nurse to triage the referral and be prepared for the visit.

Please attach a Patient Health Summary from the GP if available.

A letter from a Medical Officer must accompany the referral if being referred for catheter changes.