

# ACT Client Information and Referral Record

To be used in accordance with the Guidelines and Principles

Date  
/ /

I.D Number

## Client Information

Title	Full Name	Name preferred to be called

### Usual Address

No.	Street	Telephone No.
Suburb	Postcode	

### Current Address (if different)

No.	Street	Telephone No.
Suburb	Postcode	

Female <input type="checkbox"/>	Country of birth	Ethnicity	Date of birth	Age
Male <input type="checkbox"/>			/ /	

### Language spoken at home

	Is language/communication assistance required?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify
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### Cultural or religious affiliations

	Does the client identify themselves as an Aboriginal or Torres Strait Islander person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### Source of referral

Name
Contact No.
Organisation (if applicable)

### Reason for referral and/or type(s) of assistance being sought


Is the client aware of the referral?

Yes  No

Is the carer aware of the referral?

Yes  No

Signature of referring person

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What services are currently being received?


What informal assistance is available on a regular basis (e.g. carer, friend, social club or church group)


Name of service

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Referral

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### ACTION REQUIRED

Full assessment  Urgent  Short term

### Client Contacts

<p>Name of person providing details <input style="width: 95%;" type="text"/></p> <p>Others present at assessment <input style="width: 95%;" type="text"/></p> <p>First contact/emergency contact person or carer <input style="width: 95%;" type="text"/></p> <p>Telephone No. (home) <input style="width: 45%;" type="text"/> Telephone No. (work) <input style="width: 45%;" type="text"/></p> <p>Relationship to client <input style="width: 45%;" type="text"/> Carer Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Address No. <input style="width: 40%;" type="text"/> Street <input style="width: 55%;" type="text"/> Suburb <input style="width: 40%;" type="text"/> Postcode <input style="width: 40%;" type="text"/></p> <p>2<sup>nd</sup> Important contact <input style="width: 95%;" type="text"/></p> <p>Telephone No. (home) <input style="width: 45%;" type="text"/> Telephone No. (work) <input style="width: 45%;" type="text"/></p> <p>Relationship to client <input style="width: 95%;" type="text"/></p>	<p>Name of formal guardian (<i>if applicable</i>) <input style="width: 95%;" type="text"/></p> <p>Telephone No. (home) <input style="width: 45%;" type="text"/> Telephone No. (work) <input style="width: 45%;" type="text"/></p> <p>Address No. <input style="width: 40%;" type="text"/> Street <input style="width: 55%;" type="text"/> Suburb <input style="width: 40%;" type="text"/> Postcode <input style="width: 40%;" type="text"/></p> <p>GP's Name <input style="width: 95%;" type="text"/></p> <p>Telephone No. <input style="width: 95%;" type="text"/></p> <p>3<sup>rd</sup> important contact <input style="width: 95%;" type="text"/></p> <p>Telephone No. (home) <input style="width: 45%;" type="text"/> Telephone No. (work) <input style="width: 45%;" type="text"/></p> <p>Relationship to client <input style="width: 95%;" type="text"/></p>
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### Other Information

<p>Client usual living arrangements With spouse/partner ONLY <input type="checkbox"/> Alone <input type="checkbox"/> Other relatives/persons <input type="checkbox"/> Other (<i>specify</i>) <input style="width: 95%;" type="text"/></p> <p>Home owner <input type="checkbox"/> Private tenant <input type="checkbox"/> Public tenant <input type="checkbox"/> Other (<i>specify</i>) <input style="width: 95%;" type="text"/></p>	<p><b>Source of income:</b> Pension type <input style="width: 45%;" type="text"/> Number <input style="width: 45%;" type="text"/> Other (<i>specify</i>) <input style="width: 45%;" type="text"/> Unable to determine <input type="checkbox"/> Pensioner concession <input type="checkbox"/> Private health <input type="checkbox"/> Card Number <input style="width: 45%;" type="text"/> Insurance Company <input style="width: 45%;" type="text"/> Number <input style="width: 45%;" type="text"/></p> <p>Ambulance subscriber No <input type="checkbox"/> Yes <input type="checkbox"/> type <input style="width: 45%;" type="text"/></p>
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### Relevant Health Information

<p>What does the client see as difficulties and/or health Problems (e.g. hearing, allergies, incontinence)</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<p>How will any of these affect service delivery</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
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**Relevant Health Information (cont.)**

**Tasks of daily Living**

Please circle either an I, WA, D, or NA:

I represents "Independent"

WA represents "With assistance"

D represents "Dependent"

N/A represents "Not applicable"

Shopping/Banking	I	WA	D	N/A
Preparing meals	I	WA	D	N/A
House work	I	WA	D	N/A
Minor home maintenance	I	WA	D	N/A
Use of the telephone	I	WA	D	N/A
Transport	I	WA	D	N/A
Communication skills	I	WA	D	N/A
Community access	I	WA	D	N/A

Comments


Transport

Car  Taxi  Bicycle  Public transport

Other/comment

**Tasks of self care**

Is assistance required with the following:

Bathe/Shower	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dress/Undress	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eat a meal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Grooming	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Get in/out of bed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Footcare	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments


Equipment used to maintain independence


**Home and Safety and Access**

Are there any factors about this home that could affect safety/for access by:

Client  Carer  Service providers

Clients


Carers


Service providers


**Client/Carer Need and referral Action**

From the information gathered and in consultation with the client/carer, identify the client's needs


Identify carer's needs


**Client/Carer Need and referral Action (cont.)**

To which service(s) is referral needed

- |  |  |
|--|--|
| GP Hospital <input type="checkbox"/>   | Home Modification/<br>Maintenance <input type="checkbox"/> |
| Home Nursing <input type="checkbox"/>  | Community access <input type="checkbox"/>                  |
| Food Services <input type="checkbox"/> | Home help/Home care <input type="checkbox"/>               |
| Allied Health <input type="checkbox"/> | COPS/Linkages <input type="checkbox"/>                     |
| Transport <input type="checkbox"/>     | Comm. Aged Care Package <input type="checkbox"/>           |
| ACAT <input type="checkbox"/>          | Respite (home/residential) <input type="checkbox"/>        |
| Day Hospital <input type="checkbox"/>  | Recreation <input type="checkbox"/>                        |
| Personal Care <input type="checkbox"/> | Linen services <input type="checkbox"/>                    |
| Day Program <input type="checkbox"/>   | Social support services <input type="checkbox"/>           |

Other (e.g. advocacy or carer services)


What complementary assessments could assist  
(e.g. DNCB, DVA, Transport subsidy)


Agreed action of assessing service


Agreed referral action


Referring service notified of action taken

Yes  No

Note other information, literature etc. provided


**Client/carers consent and signature**

I \_\_\_\_\_,  
Client/Carer

- Consent to the information on this form being made available to the services nominated under agreed Referral Action. I understand these services may pass information to other parties where necessary for the delivery of nominated services.
- Consent to participating in the national Home and Community Care Client Information Collection. (Minimum Data Set). This consent extends to all services nominated under Agreed Referral Action.
- DO NOT Consent to participating in the National Home and Community Care Client Information Collection (Minimum Data Set)

Signature

	Date / /
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Comment if the client is unable to sign  
(e.g. verbal agreement)

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Review Date

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By whom

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**Assessor Checklist**

To be completed by person undertaking assessment

I \_\_\_\_\_

- Acknowledge that I have:
  - Informed the client/carer of the purpose of the assessment
  - Informed the client/carer of their rights and responsibilities
  - Outlined access to complaints mechanism and appeals process
  - Identified the outcomes of the assessment and formally obtained endorsement of proposed actions, including referral(s)
  - Advised that a copy will be left with them
  - Informed the client/carer that their information will be handled in accordance with the agency's Privacy & Confidentiality Policy
  - Informed the client/carer that they may refuse the services & reapply at any time without disadvantaging themselves in any way
  - Informed the client/carer that they have the right to involve an advocate to act on their behalf at any time.
  - Informed client/carer that their services will be reviewed and monitored by the case worker
  - Informed the carer of services available to support their needs.
  - Informed client/carer/guardian/advocate of Fees Policy
  - Provided client with envelopes for transport

Signature

	Date / /
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Contact No.

Organisation

Position in organisation