

## Neighbourhood Care New Referral Form

Please fill in the form below using the details of the person you are referring to us. Please email the document to [ask@nhcare.com.au](mailto:ask@nhcare.com.au) with the name of the person you are referring as the subject line. Should you have any questions, feel free to get in touch with your initial contact person or by using our general phone number 1800 292 273.

Please know that if you do not know all the details, it is OK to send us a partially filled in form.

<b>Full Name</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Suburb</b>	
<b>Types of support that the person is seeking (e.g., accessing the community, assistance with meals, personal care etc)</b>	
<b>How many shifts per week?</b>	
<b>How long shifts?</b>	
<b>Preferred days and times</b>	
<b>Does the client have any special support needs as listed on the right? Please underline if 'YES'.</b>	<input type="checkbox"/> Behaviours of concern / restrictive practices <input type="checkbox"/> Bowel care <input type="checkbox"/> PEG or enteral feeding <input type="checkbox"/> Ventilator <input type="checkbox"/> Mobility assistance such as wheelchair, transfers, etc. <input type="checkbox"/> Personal Care <input type="checkbox"/> Medication injections

<b>Do they have an informal support system around them (e.g., family, friends, neighbours)? Please specify.</b>	
<b>Do they receive any other support services, such as allied health, support coordination etc? Please specify.</b>	
<b>Preferences related to support workers (e.g., gender and age)</b>	
<b>Anything else we should know about the person you are referring?</b>	