



Referral Form

You can self-refer or be referred by a Health Professional or Care Coordinator to access the dementia specific occupational therapy services. Referrals can be made by completing this form and emailing through to crystal@dementiatogether.com.au

CLIENT DETAILS			
Name		DOB	
Address			
Care Partner Name		Relationship	
Contact Number			
MEDICAL HISTORY			
Date of Dementia diagnosis		Type of Dementia	
Other relevant diagnoses	Medications		
REASON FOR REFERRAL - Please outline particular concerns or challenges experienced by the person living with dementia and / or their Care Partner			
SERVICE BEING REFERRED FOR (please place X in relevant box if known):			
COPE Program		Cognitive Rehabilitation	PAS Assessment
Other (please state)			



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REFERRER DETAILS		TREATING DOCTOR (if different from referrer)	
Name		Name	
Provider No.		Provider No.	
Profession		Speciality	
Organisation		Organisation	
Address		Address	
Phone		Phone	
Signed		Signed	
Date		Date	

ACCOUNT DETAILS (please place an X in relevant funding source)			
<input type="checkbox"/>	Home Care Package (HCP)	<input type="checkbox"/>	Private Health Fund (Please state which one) _____
<input type="checkbox"/>	Short Term Restorative Care Program (STRC)	<input type="checkbox"/>	Commonwealth Home Support Package (CHSP)
<input type="checkbox"/>	GP Chronic Disease Management Plan (CDMP)	<input type="checkbox"/>	Fee for Service
<input type="checkbox"/>	Department of Veteran Affairs (DVA)	<input type="checkbox"/>	

Once completed please email referral form to: crystal@dementiatogether.com.au
 Please call or email if you have any queries 0426 279 519 regarding the COPE Program or the GREAT Cognitive rehabilitation program.