

# DEMENTIA LINK WORKER – REFERRAL FORM

**Referral To: Dementia Link Worker** **Date received:** \_\_\_\_\_  
 Alzheimer's Australia SA Inc, 27 Conyngham Street GLENSIDE SA 5065  
 T (08) 8372 2100 F (08) 8338 3390

**Referring Agency:**  
**Date:** ..... **Time:** ..... **Phone:**.....  
**Referral made by:**.....

**Contact (circle one):** Carer Person of concern Referring Agency Other:.....

**Urgency (circle one):** Urgent (call today) Non-Urgent (call ASAP)  
**Can a message be left? (circle one):** YES NO

| <b>PERSON OF CONCERN</b>                                    |
|---|
| <b>Mr/Mrs/Ms:</b>   |
| <b>DOB:</b> / / estimated <b>M / F</b>                      |
| <b>Address:</b>   |
| <b>Telephone:</b> (h) (w)                                   |
| (mob) (Fax)   |
| <b>Diagnosis:</b>   |
| <b>Living arrangements:</b> alone family others not stated  |
| <b>Accommodation Setting:</b>                               |
| <b>Country of Birth:</b>                                    |
| <b>Interpreter required</b> yes no                          |
| <b>Indigenous status:</b> Aboriginal Torres Strait Islander |
| <b>Employment status:</b>                                   |
| <b>Pension Type:</b>  |
| <b>DVA Status:</b>  |
| <b>ACAT:</b> High Low Secure Not Current                    |
| <b>GP Name:</b>   |
| <b>GP Address:</b>  |
| <b>Private Health Cover:</b> yes no                         |
| <b>Ambulance Cover:</b> yes no                              |

| <b>CARER/CONTACT PERSON</b>                                 |
|---|
| <b>Mr/Mrs/Ms:</b>   |
| <b>DOB:</b> / / estimated <b>M / F</b>                      |
| <b>Address:</b>   |
| <b>Telephone:</b> (h) (w)                                   |
| (mob) (Fax)   |
| <b>Email:</b>   |
| <b>Living arrangements:</b> alone family others not stated  |
| <b>Accommodation Setting:</b>                               |
| <b>Country of birth:</b>                                    |
| <b>Interpreter required</b> yes no                          |
| <b>Indigenous status:</b> Aboriginal Torres Strait Islander |
| <b>Employment Status:</b>                                   |
| <b>Pension Type:</b>  |
| <b>DVA Status:</b>  |
| <b>Relationship to person of concern:</b>                   |
| <b>Other carers:</b>  |

| <b>Formal and informal Services in place:</b> |
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