National Carer Counselling Program (Victoria)

An Australian Government Initiative

REFERRAL FORM

Please complete all sections each time a request is made for counselling

Carers VIC Australia

REFERRAL DETAILS	
Date of referral:	
Referrer's name:	
Position:	
Organisation:	
Address:	
Suburb:	
Postcode:	
Contact number:	
Referrer's email:	

SOURCE OF REFERRAL	
☐	Self
☐	Family, friend, significant other
☐	Carer Advisory Service
☐	CRCC
☐	Aged or disability assessment service
☐	HACC Assessment authority
☐	Community Nursing service
☐	Acute care hospital
☐	Psychiatric / mental health facility
☐	Other (please specify below)

Summary of carer's current circumstances

CARER DETAILS	
First Name:	
Last Name:	
Residential address:	
Suburb:	
Postcode:	
Postal Address *(if different to residential):*	
Suburb:	
Postcode:	

CONTACT NUMBERS		Is it OK to leave a message?	
Home:		Yes ☐	No ☐
Work:		Yes ☐	No ☐
Mobile:		Yes ☐	No ☐
Preferred day/time to call:			
Email:			

Date of birth:	
Gender: Male ☐ Female ☐ Other ☐	
Country of birth:	
Cultural identity:	
First language (other than English):	
Interpreter required?:	Yes ☐ No ☐
Aboriginal or Torres Strait Islander:	☐
Neither Aboriginal no Torres Strait Islander:	☐

COUNSELLING TYPE REQUESTED		
Individual ☐	Group ☐	Couple/family ☐
For couple/family counselling, complete name of other members at bottom of page.		

COUPLE/FAMILY COUNSELLING DETAILS

(other members attending)

All members wishing to attend counselling must provide consent for this referral.

Name:	
Relationship to care recipient:	
Date of birth:	
Name:	
Relationship to care recipient:	
Date of birth:	

CARER DETAILS (continued)

CARER RECEIVING GOVERNMENT INCOME SUPPORT PAYMENT *(Tick any that apply)*

☐	Age pension
☐	Veterans' Affairs pension
☐	Disability support pension
☐	Carer Payment
☐	Carer Allowance
☐	Unemployment related allowance
☐	Other government pension / allowance
☐	No government income support payment

EMPLOYMENT

☐	Full time employed
☐	Part time employed
☐	Not in paid employment
☐	Unemployed allowance
☐	Retired

LENGTH OF TIME AS CARER

☐	Less than 2 years
☐	2–4 years
☐	5–9 years
☐	10–24 years
☐	More than 25 years

CARER ROLE

☐	Primary carer
☐	Other carer

CARE RECIPIENT DETAILS

Number of care recipients	

If there are more than two care recipients, please include their information on a separate piece of paper.

Care Recipient 1

Care recipient's relationship to carer	
Care recipient's age	
Is care recipient living with carer?	
Care recipient's postcode	

Care Recipient Condition *(Tick all that apply)*

☐	Frail aged (65+ or 50+ for indigenous)
☐	Dementia
☐	Person under 65 with a disability
☐	Chronic illness
☐	In need of palliative care
☐	Mental illness

Specify condition/diagnosis

CARE RECIPIENT DETAILS (continued)

Care Recipient 2

Care recipient's relationship to carer:	
Care recipient's age:	
Is care recipient living with carer?:	
Care recipient's postcode:	

Care Recipient Condition *(Tick all that apply)*

☐	Frail aged (65+ or 50+ for indigenous)
☐	Dementia
☐	Person under 65 with a disability
☐	Chronic illness
☐	In need of palliative care
☐	Mental illness

Specify condition/diagnosis

SEEKING COUNSELLING DUE TO

☐	Recent commencement of caring role
☐	Death of care recipient
☐	Negative change in condition of care recipient
☐	Negative change in health of carer
☐	Care recipient moved to residential care
☐	Financial strain
☐	Change in household composition
☐	Ongoing stress of carer role
☐	Other

Signature of person completing form

Carer consent: *I consent to the information disclosed on this form being provided to Carers Victoria for the purposes of referral and assessment for counselling services and inclusion in de-identified data reporting. I understand that Carers Victoria may contact me in relation to this referral and conduct further assessment.*

Further information on Carers Victoria's Privacy Policy is available at https://www.carersvictoria.org.au/privacy

Signature of carer

Or verbal consent obtained by:

Name	
Date of verbal consent	

Co Contribution

Carers Victoria appreciates a contribution from carers towards the cost of sessions. This voluntary contribution assists to reduce waiting times and to offer this service to more carers.

A Carers Victoria Advisor will discuss this at the pre counselling telephone interview.

Mail to:
NCCP
Carers Victoria, PO Box 2204
Footscray VIC 3011

Fax to:
(03) 9396 9555

Email:
Please save this file and email to:
reception@carersvictoria.org.au
For referral enquiries call Carer Advisory Line 1800 514 845

2010 MAY 2020