New Client Referral

CLIENT SUMMARY

REQUEST DATE | SITE ❑ Coffs Harbour ❑ Newcastle

SERVICE TYPE REQUESTED ❑ CoS ❑ Service Provision

CLIENT DETAILS

Surname | Given names

DoB | Gender

Address

Email | Phone (M) | (H)

Preferred method of communication ❑ Text ❑ Email ❑ Home ❑ Mobile

CARER DETAILS

Name | Relationship

Address

Email | Phone (M) | (H)

EMERGENCY CONTACT

Name | Relationship

Address

Email | Phone (M) | (H)

CLIENT BACKGROUND (DIAGNOSIS, RELEVANT HEALTH INFORMATION AND REPORTS)

subee

IN HOME CARE • NDIS • AGED CARE • NURSING

www.subee.com.au | subee@subee.com.au | **Coffs Harbour Office** Unit 2, 84-90 Industrial Drive, Coffs Harbour NSW 2450 | 02 6651 3153
Newcastle office 3/11 Glenwood Drive, Thornton Newcastle NSW 2322 | 02 4966 8399

ABN 87 100 735 395

New Client Referral

CLIENT SUMMARY

HEALTH SPECIFIC MANAGEMENT PLANS/ALERTS

- ❑ Medication assistance/supervision
- ❑ Respiratory conditions/asthma
- ❑ Mental health diagnosis
- ❑ Allergies/Anaphylaxis
- ❑ Bowel/Catheter Care
- ❑ Epilepsy
- ❑ Diabetes
- ❑ Peg feeds
- ❑ Falls Risk
- ❑ MRSA/VRE
- ❑ Behaviour support
- ❑ Autonomic dysreflexia
- ❑ Sensory impairment
- ❑ Wounds/Skin Care
- ❑ Other

SERVICE TYPE REQUIRED

*(please only mark boxes for services that are required)

- ❑ Domestic assistance
- ❑ Social Support
- ❑ Registered Nursing
- ❑ Meal Prep
- ❑ Welfare Checks
- ❑ Complex Care
- ❑ Medication assistance
- ❑ Respite Care
- ❑ Case Management
- ❑ Community Access
- ❑ Personal Care
- ❑ Supervised Access
- ❑ Transport
- ❑ Garden and Lawn maintance (available at Coffs Harbour site only)

Workers Required
❑ Female Only ❑ Male Only ❑ Either
❑ 1 Person assist ❑ 2 persons assist ❑ RN

Equipment used/needed
❑ Lift/Hoist ❑ Stand-up lifter ❑ Wheelchair

Transport
❑ Car ❑ Wheelchair accessible Bus

SERVICE TIMES REQUIRED

Preferred time/hrs ❑ AM ❑ PM Frequency: _____

Day Preference ❑ Mon ❑ Tues ❑ Wed ❑ Thur ❑ Fri ❑ Sat ❑ Sun

Preferred Start Time 1. _____ 2. _____ 3. _____ Service Duration _____

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FUNDING DETAILS

NDIS Number

NDIS Plan Dates

- ❑ Agency managed
- ❑ Plan Managed
- ❑ Self-managed

NDIS Goals provided ❑ Yes ❑ No - not received

Support Coordinators Contact Details

Name

Organisation

Email

Phone

Plan Managers Contact Details

Name

Organisation

Email

Phone

REFERRAL BY

Name

Organisation

Email

Phone

Address