



Continuing to be Me @ Home

Referral form

Date:

Phone: 1800 4 C2bMe (1800 422 263)

Return Completed form to:

C2bme@home SWS
(South West Sydney) -
c2bmehome.sws@uniting.org

C2bMe@home SE NSW
(South East NSW) -
c2bmehome.sensw@uniting.org

C2bMe@home NC
(North Coast) -
c2bmehomenc@uniting.org

PARTICIPANT'S INFORMATION

Name:

DOB:

Gender: M F Other:

Address:

Phone:

Email:

Relationship status:

Never married/Single:

Married (registered and de facto)

Widowed

Separated

Divorced

Country of birth:	Identified culture:
Preferred language:	Language spoken at home:
Interpreter needed:	Interpreter language:

Does the participant identify as:

Aboriginal:	Torres Strait Islander:
Aboriginal and Torres Strait Islander:	None:

REFERRER'S INFORMATION

Referrer name:	
Organisation:	Phone:
Email:	

GP details:

Name:	Contact number:
Medical Centre:	

REASON FOR REFERRAL

Presenting concerns:

Depression:	Adjustment difficulties:
Anxiety:	General mental health/wellbeing:
Grief and loss:	Other:

If other, please provide details:

FURTHER INFORMATION

Does the participant have an enduring guardian?	Yes	No
---	-----	----

Do we have permission to contact the older person's next of kin?	Yes	No
--	-----	----

Next of Kin details:

Name:

Contact number:

Relationship to the participant:

Enduring guardian details:

Name:

Contact number:

Do you consider the place of residence a safe place to visit for our clinician?	Yes	No
---	-----	----

Does the participant live alone or with others?	Alone	Others
---	-------	--------

If other/s who are they?

Does the participant have communication issues?	Yes	No
---	-----	----

Does the participant feel comfortable with, and agree to, using phone or video link for sessions?	Yes	No
---	-----	----

