 

Referral Form – COPE Program

People can self-refer or be referred by a Health Professional or Care Coordinator to access the COPE Program. Referrals can be made by completing this form or by contacting Collaborate Occupational Therapy by phone or email.

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| **CLIENT DETAILS** |
| Name |  | DOB |  |
| Address |  |
| Care Partner Name |  | Relationship |  |
| Contact Number |  |

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| **MEDICAL HISTORY** |
| Date of Dementia diagnosis |  | Type of Dementia |  |
| Other relevant diagnosis | Medications |

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| **REASON FOR REFERRAL** - Please outline particular concerns or challenges experienced by the person living with dementia and / or their Care Partner |
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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 |  |

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| **ACCOUNT DETAILS** (please place an X in relevant funding source) |
|  | Home Care Package |  | Private Health Fund |
|  | Short Term Restorative Care Program |  | NDIS |
|  | GP Chronic Disease Management Plan |  |  |

Once completed please email referral form to: naomi.moylan@collaborateot.com.au

Please call Naomi Moylan with any queries regarding the COPE Program on 0405 716 184