Montefiore

Residential Aged Care Referral - G.P.

☐ Hunters Hill ☐ Randwick ☐ Woollahra

Family name:	☐ Male ☐ Female
Given name:	D.O.B: / /
G.P. Name:	
G.P. Address:	
G.P. Ph:	

CLIENT ASSESSMENT	YES	NO	COMMENTS
Falls risk	☐	☐	
Fitness to drive	☐	☐	
Smoking	☐	☐	
Sleep issues	☐	☐	If yes, please advise what issues
Home oxygen & current oxygen requirements	☐	☐	
Issues of malnutrition/obesity	☐	☐	Weight:
Pain	☐	☐	
Incontinence	☐	☐	
Diagnosis of dementia	☐	☐	If yes, attach geriatrician report
Cognitive testing (MOCA, RUDAS)	☐	☐	
Requires secure facility	☐	☐	
Current drug & alchohol issues	☐	☐	
Mental health concerns	☐	☐	If yes, attach psychologist/psychiatrist report

NOTES

Any other relevant medical history:

REFERRAL DETAILS

Please attach current health summary

Name of G.P. : ..... Signature: ..... Date of referral: / /