



CARE RECIPIENT PROFILE

Confidential

Community Visitors Scheme (CVS)

Funded by the Australian Government

To be completed by the aged care provider representative, CVS auspice coordinator, recipient or their representative

REFERRER									
Aged Care Provider Name					Date				
Suburb				State					
Referrer's name				Position					
Email				Phone					
Who has given consent to refer the recipient and provide this information? Recipient or Next of Kin must give consent.									
Name				Relationship					
For Aged Care Home residents ONLY, type of visit required (tick).						One-on-one Visits		Group visit	
CARE RECIPIENTS DETAILS									
Title		First Name			Surname		DOB		
Country of Origin			Religion		Preferred Pronouns		Gender		
Preferred Language/s									
Reason for referral									
Background eg. Family and culture									
Work background									
Hobbies and Interests									
Current visitors and relationships									
Suggested activities for visitor									
Is the recipient able to participate in outings without personal care support?									

SPECIAL NEEDS GROUP. This information is important so it can be used to direct the care recipient to services and is requested by the Department of Health. The information will be treated in the strictest confidence in accordance with the *Privacy Act 1988*.

Does the care recipient identify as being from a special needs group, as specified under the *Aged Care Act 1997*?

Please indicate which of the below does the resident most identify with.

People from Aboriginal and Torres Strait Island Communities	<input type="checkbox"/>
People from Culturally and Linguistically Diverse Backgrounds (CALD)	<input type="checkbox"/>
People who live in rural or remote areas	<input type="checkbox"/>
People who are financially or socially disadvantaged	<input type="checkbox"/>
Veterans	<input type="checkbox"/>
People who are homeless or at risk of becoming homeless	<input type="checkbox"/>
Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)	<input type="checkbox"/>
Parents separated from their children by forced adoption or removal	<input type="checkbox"/>
Lesbian, gay, bisexual, transgender and intersex people	<input type="checkbox"/>

Home Care Package recipients ONLY

Home Address

Phone

Emergency contact person **Relationship**

Phone (1) **Phone (2)**

HEALTH STATUS. Please include any issues that may impact on visits such as mobility, hearing, eyesight, continence, speech, dementia and/or challenging behaviour. This information is vital to ensuring a suitable match

VISITOR PREFERENCES

Gender **Age** **Language or Cultural Preferences**

Other preferences

Other COMMENTS