

## Community Visitors Scheme Client Referral/Profile



COMMUNITY VISITORS SCHEME  
Friends for Older People

**CONFIDENTIAL**

### Aged Care Provider

Aged Care Home                       Home Care Package

Aged Care Provider Name: \_\_\_\_\_

Staff person providing information: \_\_\_\_\_

Position: \_\_\_\_\_

### Client

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Reason for referral to Community Visitors Scheme: \_\_\_\_\_

\_\_\_\_\_

Family background: \_\_\_\_\_

\_\_\_\_\_

Work background: \_\_\_\_\_

\_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

Current visitors and relationships: \_\_\_\_\_

\_\_\_\_\_

Suggested activities to undertake with client: \_\_\_\_\_

\_\_\_\_\_

Does the client identify with, or belong to, any of these Government-defined\* Special Needs Groups?

- ATSI     CALD     Veterans     LGBTI     Care Leavers     Rural and Remote  
 Financially or Socially disadvantaged     Homeless or at risk of homelessness  
 Parents separated from their children by forced adoption or removal

*\*Government definitions: ATSI-Aboriginal and Torres Strait Islander*

*CALD-Culturally and Linguistically Diverse*

*LGBTI-Lesbian Gay Bi-sexual Transgender Intersex*

*Care Leavers-people who experienced out-of-Home care as children*

Health: Mobility \_\_\_\_\_

Continence \_\_\_\_\_

Dementia \_\_\_\_\_

Hearing \_\_\_\_\_

Eyesight \_\_\_\_\_

Speech \_\_\_\_\_

Challenging behaviour \_\_\_\_\_

\_\_\_\_\_

Other relevant health information to ensure that the Community Visitor can meet his/her duty of care \_\_\_\_\_

Special care needs: \_\_\_\_\_

\_\_\_\_\_

Emergency contact person (name, relationship and telephone number) \_\_\_\_\_

\_\_\_\_\_

**Visitor preferences** (please state 'none' if no preference)

Gender: \_\_\_\_\_

Age range: \_\_\_\_\_

Language or culture: \_\_\_\_\_

Most suitable day and/or time of day to visit: \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email this form to [cvs@cotasa.org.au](mailto:cvs@cotasa.org.au) or post to CVS, COTA SA, GPO Box 1583 Adelaide 5001

**Office Use Only**

CVS Coordinator comments: \_\_\_\_\_

\_\_\_\_\_

CV Matching: \_\_\_\_\_

\_\_\_\_\_

CV Match: \_\_\_\_\_

Commencement \_\_\_\_\_