



# Carer Information

If question is irrelevant or information not known, write Not Applicable or NA

Definition: A carer provides unpaid care and assistance to a person with frailty, disability, chronic illness or mental illness

or affix label here

## Source of Referral

- Record: (1) Self.  
(2) Family, significant other, friend.  
(3) GP/medical practitioner – community based.  
(4) Specialist aged or disability assess team/service (eg. ACAT).  
(5) Comprehensive HACC assessment authority  
(6) Community nursing service.  
(7) Hospital (public).  
(8) Psychiatric/mental health service or facility.  
(9) Extended care/rehabilitation facility.  
(10) Palliative care facility/hospice.  
(11) Government residential aged care facility.  
(12) Aboriginal health service.  
(13) Carelink centre.  
(14) Other community-based government medical/health service.  
(15) Other government medical/health service.  
(16) Other government community-based services agency.  
(17) Hospital (private).  
(18) Non-government residential aged care facility.  
(19) Other non-government medical/health service.  
(20) Other non-government community-based service.  
(21) Law enforcement agency.  
(22) Other.

Source of Referral Contact Details:

## Country of Birth

- Record: (1) Australia.  
(2) Other.

If other, specify:

## Indigenous Status

- Record: (1) Aboriginal but not Torres Strait Islander Origin.  
(2) Torres Strait Islander but not Aboriginal Origin.  
(3) Both Aboriginal and Torres Strait Islander Origin.  
(4) Neither Aboriginal nor Torres Strait Islander Origin.

## Time Spent Caring

- Record: (1) Less than 20 hours  
(2) 20 – 39 hours  
(3) More than 39 hours.

## Employment Status

- Record: (1) Casual  
(2) Full time  
(3) Part time  
(4) Seasonal  
(5) Not in paid employment

## Main Language Spoken at Home

- Record: (1) English.  
(2) Other.

If other, specify:

## Interpreter Required

- Record: (1) Interpreter not needed.  
(2) Interpreter needed

## Preferred language

(if not spoken English) including sign language, & any required communication devices or special interpreter needs

## Government Pensioner/ Benefit Status

- Record: (1) Aged Pension  
(2) Veterans' Affairs Pension  
(3) Disability Support Pension  
(4) Carer Payment (pension)  
(5) Unemployment related benefits  
(6) Other gov. pension or benefit  
(7) No gov. pension or benefit

Card Number:

## DVA Card Status

- Record: (1) No DVA Card  
(2) Yes – Gold Card  
(3) Yes – White Card  
(4) Yes - Other DVA Card

DVA Card Number:

## Insurance Status

Insurer Name and Card Number:

Medicare Number:

Health Care Card Number:

Office Use Only:

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Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information of this form has been superseded

Date: Name: Sign: