

Footprints Seniors Vitality Health Connect Service Referral Form

This service provides care coordination for older adults who are experiencing symptoms of; or at increased risk of vulnerability to symptoms of frailty and are seeking preventative supports.

SVHC eligibility criteria (will have to meet <u>all the</u> below, please tick):			
<input type="checkbox"/>	Aged 65 years or older, or Aboriginal and Torres Strait Islander people over 50 years		
<input type="checkbox"/>	Seeking preventative measures to support health and wellbeing, and/or, are experiencing symptoms of frailty (ie: functional decline, fatigue, slow motor performance, cognitive impairment)		
<input type="checkbox"/>	Not frequently hospitalised, but considered at rising risk of hospitalisation without support		
<input type="checkbox"/>	Are at increased risk of vulnerability relating to frailty, impacting on health, wellbeing, and independence.		
<input type="checkbox"/>	Residing in the Brisbane South regions of Logan and Beaudesert		
Consent			
Is the client aware of this referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the client consent to the referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referral details			
Full name:			
Address:			
Gender:		Date of Birth:	
Phone/Email:			
Guardian (if Applicable.):			
Reasons for Referral:			
Other health practitioners/ key persons involved in care:			
Health Conditions			
Referrer Details:			
Name:			
Relationship to client			
Phone/Email:		Date of Referral:	
To send a referral or contact our team:			
Phone: 07 3252 3488 Medical Objects: FF400600055 Fax: 07 3252 3688			