



## Thinking & Memory Group Referral Form

Name:	Marital Status:
UR No:	Aboriginal Status:
DOB:	Mobile Phone:
Postal Address:	Gender / Sex:
Accommodation Type:	Medicare, DVA Number/s:
Living Arrangement:	
Method of Communication:	Interpreter Required:
Refugee Status:	Person Making Referral:
GP:	Have they been provided brochure of group and consent obtained for referral?
<i>Do they have Alzheimer's Disease (AD)</i>	Spouse / Other name and contact number:
<i>NOTE: group may not be appropriate for people with AD- clinician will screen</i>	Is client or spouse/other best to speak with?
Current Memory Concerns:	Other Relevant Information (e.g., mental health, comorbidities)

If from within ERH- please email or fax referral through to RCP/Kofax-referrals.

External referrals to please be faxed to ERH Hopwood Centre (54855833) or dropped in.