



HOME CARE & COMMUNITY NURSING

INFORMATION PACK AND REFERRAL FORM



ABOUT US & WHY ARE WE BETTER

CareX Australia is a leading provider of Disability and Aged Care services in NSW with a continuing passion for safe and excellent service delivery. We recognise our consumer's care needs on time, advocate for them and deliver services according to the mutually agreed care plans. We also believe in the importance of cultural competence in the delivery of care. Hence, we recognise the significant contributions made by our consumers, staff, Indigenous organisations, and other members and organisations in the community in shaping our culturally appropriate services.

At CareX, we acknowledge that each individual is unique and we believe in person-centered care, which is tailored to meet individual needs and goals. Services designed by our leading clinicians help our consumers to protect their rights and choices, increase their independence, and encourage them to discover and participate in new opportunities and support them to live their life, their way. Our clinicians and other staff members focus on each consumer's strengths and interests with a person-centred recovery approach to maximise their opportunity in meeting life goals.

OUR VISION

Life in abundance for everyone

MISSION

CareX Australia is established with a dedication to share love, care and compassion with respect to all Australians. 'X' in CareX signifies the never-ending positive transformation we assure for our consumers. Our mission is to promote health and wellbeing, and improve the standard of living of people, families and communities we associate with.

- ▶ We strive to find individuals & families in need and transform their lives.
- ▶ We strive to build a fairer world where we all can thrive.
- ▶ We believe in equality for everyone.
- ▶ We believe that we are part of the great healing ministry.
- ▶ We provide person centred care with empathy, wisdom, and innovation.
- ▶ We provide and promote culturally competent care.
- ▶ We invest ourselves in relationships that promote mutual flourishing.
- ▶ We are loyal and trustworthy custodians of the resources entrusted to us.

OUR VALUES





OUR HOME CARE PROMISE

We offer premium home care services across New South Wales. Our experienced clinicians will assess your and plan your care. We will help you stay at home longer. Our service includes but not limited to:

- ▶ Domestic assistance
- ▶ Dementia care
- ▶ Cleaning and laundry
- ▶ Shopping
- ▶ Meals preparation
- ▶ Home support and maintenance
- ▶ Assisted transport (to and from hospitals, appointments, and functions)
- ▶ Companionship and respite care

Home care Agreement

CareX Australia will enter in to a service agreement with all our participants when they come in to our care and it will be reviewed as changes in the participant's circumstances occur.

A. CONSENT FOR RELEASE OF INFORMATION

WRITTEN CONSENT:

I hereby consent to CareX Australia to obtain verbal or written information about me from my GP and or consultant, other members my current or previous treating team, allied health professionals, next of kin, other family members and or legal guardian or any person whom I authorise to release relevant information related to this application. I understand that I can withdraw this consent at any time by contacting the management of CareX Australia.

Participant's Name: _____

Signature: _____

Date: _____

Witness's Name: _____

Signature: _____

Date: _____

VERBAL CONSENT (Referrer's Use only - To use only if the participant is unable to provide a written consent)

I have discussed the proposed referrals with the participant being referred or authorised representative and I am satisfied that the participant understands the proposed uses and disclosures and has provided his/her informed consent to these.

Referrer's Name: _____

Position: _____

Contact email/phone: _____

Signature: _____

Date: _____

If no verbal or written consent available, CareX Australia Staff to fill the below part

Name of the Referrer: _____

Organisation: _____

Position: _____

Reason why no consent was obtained: _____

B. SERVICE USER/PARTICIPANT DETAILS

Participant Surname: _____ Given name(s): _____
 Address: _____ Suburb: _____ Post Code: _____
 Phone: _____ Mob: _____ Email: _____
 D.O.B: ___/___/___ Preferred Commencement Date ___/___/___
 Languages Spoken: _____

Next of Kin _____ Relationship: _____
 Address: _____ Suburb: _____ Post Code: _____
 Phone: _____ Mob: _____ Email: _____

GPName: _____
 Address: _____ Suburb: _____ Post Code: _____
 Phone: _____ Mob: _____ Email: _____

REFERRER DETAILS:

Title: _____ Name: _____
 Organisation: _____
 Address: _____ Suburb: _____ Post Code: _____
 Phone: _____ Mob: _____ Email: _____
 Sign _____ Date: ___/___/___

C. SERVICES & SUPPORTS REQUIRED

Registered/Enrolled Nurse Service

- | | | |
|---|--|---|
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Medication Administration | <input type="checkbox"/> IV Therapy |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Catheter Care | <input type="checkbox"/> Continence Assessment/Care |
| <input type="checkbox"/> Stoma Care | <input type="checkbox"/> Dementia care | <input type="checkbox"/> Injections/Insulin |
| <input type="checkbox"/> Compression Bandaging | <input type="checkbox"/> Vital Signs monitoring | <input type="checkbox"/> Nutrition Assessments |
| <input type="checkbox"/> Risk Assessments | <input type="checkbox"/> Drain Management | <input type="checkbox"/> Diabetes Management |
| <input type="checkbox"/> Any other care required: _____ | | |

Nursing assistant/Support worker Service

- | | | |
|---|--|--|
| <input type="checkbox"/> Domestic Assistance | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Respitecare |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Transport | <input type="checkbox"/> Cooking/meal Prep |
| <input type="checkbox"/> Social Support | <input type="checkbox"/> Mobility | <input type="checkbox"/> 24/7 care |
| <input type="checkbox"/> Any other care required: _____ | | |

Funding

- NDIS
 Private _____

D. NDIS PLAN DETAILS

NDIS participant number: _____

Plan Type: NDIA Self-managed Plan Nominee Plan Managed

Plan manager/provider details (if applicable):

Name: _____

Relationship: _____

Contact number: _____ email: _____

Plan start Date: _____ Plan end Date: _____ Review Date: _____

E. PARTICIPANT'S GOALS AND CURRENT SUPPORT

Participant's current supports from NDIS and/or other services:

Participant's goals:

Please attach a recent occupational therapist or/and physiotherapist assessment (if available)

F. REFERRER'S DETAILS

Name: _____

Organisation: _____

Address: _____

Contact number: _____

Email: _____

Do you have consent from the participant to make this referral? Yes No

Signature of person making this referral: _____

Date _____

G. DOCUMENT CHECKLIST

- NDIA approved plan
 - Behaviour support plan
 - Letter from your treating team or GP with medical history, current diagnosis, treatment plan and list of medications
 - Discharge summary if hospitalised in the last 12 months
 - Recent OT/physio assessment
 - Recent risk assessment completed by a clinician (if available)
 - Safety plan
 - Mental Health Review Risk Assessment
 - Seizure support plan (if applicable)
 - Details of Forensic History (if applicable)
 - Community Treatment Order (if applicable)
 - Physical Health Assessment completed by treating team or GP
 - Any other relevant Documents
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Thank you for your interest in CareX Australia. Please send the referral form and all other relevant documents to admin@carexaustralia.com.au

We will be in touch with you within next business day. However, in the meantime if you require urgent support or have questions, please contact our office on 1800 957 946 or George Koshy Prince (Executive Director – Clinical Services) on 0451 901 085.

How do we handle your information: All information gathered through this referral form will be kept confidential and handled in accordance with our privacy policy. We will not disclose them to any third parties outside of CareX Australia service providers except as may be permitted or required by law.