Multicultural Wellness Program
10 Farmer Street, North Perth WA 6006 | PO Box 159, Western Australia, 6906
Phone: (08) 9444 8283 | Fax: (08) 9201 9112 | Email: wellness@mscwa.com.au
http://www.mscwa.com.au
ABN: 18 563 729 871

MULTICULTURAL WELLNESS PROGRAM
CLIENT REFERRAL FORM

Referrer's Information:

Organisation: _____ Contact Name: _____

Phone Number: _____ Fax: _____ Email: _____

Client Information:

Title: Mr / Mrs / Ms Family Name: _____ Given Names: _____

Address: _____ Suburb: _____ Post Code: _____

Phone Number: _____ Mobile: _____

Date of Birth: _____ /_____ /_____ Age: ( ) Country of Birth: _____

Language/Ethnic Group: _____ Interpreter Required? Yes No

Primary Contact:

Title: Mr / Mrs / Ms Family Name: _____ Given Names: _____

Relation to Client: _____

Address: _____ Suburb: _____ Post Code: _____

Phone Number: _____ Mobile: _____

Ongoing health issues / Disabilities / Comments

Diabetes	☐ **Yes**	☐ **No**	Dizzy Spells	☐ **Yes**	☐ **No**
Seizures	☐ **Yes**	☐ **No**	Asthma	☐ **Yes**	☐ **No**
Heart Problems	☐ **Yes**	☐ **No**	Blackouts	☐ **Yes**	☐ **No**
Epilepsy	☐ **Yes**	☐ **No**	Migraines	☐ **Yes**	☐ **No**
Hay Fever	☐ **Yes**	☐ **No**	Dementia	☐ **Yes**	☐ **No**
Hearing Loss	☐ **Yes**	☐ **No**	Alzheimers	☐ **Yes**	☐ **No**
Sight Impairment	☐ **Yes**	☐ **No**	Mobility	☐ **Yes**	☐ **No**

Other/Comments: _____

_____

_____

_____

I _____ hereby acknowledge and authorise the staff of the Multicultural Services Centre of WA (MSCWA) to release the above personal information to the Commonwealth and Respite Carelink Centres and/or Regional Assessment Services so that I can be accessed for eligibility for the Home and Community Care Program.

Client Name _____ ***Client Signature*** _____ ***Date*** _____

Witness Name _____ ***Witness Signature*** _____ ***Date*** _____

Office Use Only:
DATE RECEIVED: _____

☐ ACCEPTED
☐ NOT PROCEEDING

Please return form to:
Multicultural Wellness Program
Fax: (08) 9201 9112
Email: wellness@mscwa.com.au
Post: Po Box 159, North Perth WA 6906

Enquiries to the Referrals Coordinator:
Email: wellness@mscwa.com.au
Call: (08) 9444 8283