



**MEALS ON WHEELS ROCKHAMPTON INCORPORATED**

PO BOX 9890

FRENCHVILLE 4701

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RUN # \_\_\_\_\_ (OFFICE USE ONLY)

\*Self Referred or Other: \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Birth: \_\_\_/\_\_\_/\_\_\_ \*Phone: \_\_\_\_\_

\*Desired Service Commencement: \_\_\_\_\_

\*Number of Meals per Week: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

\*Marital Status: \_\_\_\_\_ \*Gender: M  F

\*Living Alone? Yes  No  If No, who else live in the home? \_\_\_\_\_

\*Indigenous Status: Aboriginal  Torres Strait Islander  Neither

\*Country of Birth: \_\_\_\_\_ \*Primary Language Spoken: \_\_\_\_\_

1. Emergency Contact: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Medical Condition / Disability: \_\_\_\_\_

\*Food Allergies / Special Diets: \_\_\_\_\_

Delivery Notes: \_\_\_\_\_

Veterans Affairs Card Holder: Yes White/Gold No

Aged Pension: Y / N Disability Pension: Y / N Full Cost: Y/N

\*PENSION NUMBER: \_\_\_\_\_

\*MEDICARE NUMBER: \_\_\_\_\_ REF# \_\_\_\_\_

\*MY AGED CARE NUMBER: \_\_\_\_\_

PACKAGE PROVIDER NAME: \_\_\_\_\_

\*CONSENT TO REFER TO MAC:  Referral Sent: \_\_\_/\_\_\_/\_\_\_ REF # \_\_\_\_\_

**NDIS NUMBER:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Invoice to:** \_\_\_\_\_

**\*WHS Checklist:**

**Entrance to property:** Front  Back

**Stairs:** Yes  No

**Dog/s on property:**  (restrained)

**Fridge accessible to volunteer:** Yes  No

**Trip Hazards :** Yes  No

**Comments:**

**Referring Agency (if applicable):** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Referral:** \_\_\_\_\_

**Disclaimer:**

Whilst Meals on Wheels endeavour to provide the best quality and service to our consumers and meet all government standards, Meals on Wheels will not be responsible or liable, under any circumstances, for any illness or health problem that may result from the incorrect consumption of its prepared foods, meals, or other products.

Meals on Wheels may not be appropriate for certain people including people.

- 1) who have severe food allergies; or
- 2) suffer from a medical condition that can be adversely affected by diet.

If the client does not respond to a scheduled visit Meals on Wheels will endeavor to contact an Emergency contact as allocated on this referral form

*Client Follow up calls will be scheduled one month from start of service.*

**Office Use Only:**

**POLIXEN  WELCOME PACK  MAC REFERRAL DONE  REFERRED BY MAC**

**FOLLOW UP CALL DATE \_\_\_\_\_ FOLLOW UP CALL COMPLETED**

**CONSENT SIGNED AND RETURNED**

**CHARTER OF AGED CARE SIGNED AND RETURNED  DELIVERY RISK ASS DONE**