**FAX to 1300 601 788**

**Please check ALL fields are completed.**

**Date:**

**Referrer Details:**

|  |  |
| --- | --- |
| [ ]  Medical Practitioner  |  |

|  |
| --- |
| **Name of Referrer/Facility:**       |
| **Provider Number:**       |
| **Referrer/Facility Street Address:**       |
| **Suburb:**       | **Postcode:**       |
| **Telephone:**       | **Fax:**       |
| **Email:**       |
| **Referrer/Facility** **Contact Person:**       |
| **Signature:**  |

[ ]  **Request ‘Home’ Visit**

[ ]  **Please Send Me A Copy Of The Continence Management Plan**

**Client Details** (Please print clearly)

|  |  |
| --- | --- |
| First Name:       | Surname:       |
| Unit No:       | Street No:       | Street Name:       |
| Suburb:        | Postcode:       |
| Date of Birth:       | PID [if known]:       |
| Telephone:       | [ ]  Male | [ ]  Female |
| Living Arrangements: [ ]  Lives alone [ ]  With family [ ]  With others [ ]  Not stated |
| Name of Carer [if applicable]:       | Telephone:       |
| Country of Birth:       | Preferred Language:       |
| [ ]  Pensioner **or** [ ]  Health Care Card number:       Exp date:       |
| Is the client Aboriginal or/and Torres Strait Islander? |  [ ]  Yes [ ]  No |
| Is client permanent resident of WA = six months or more? |  [ ]  Yes [ ]  No |
| Has client had chronic incontinence for = six months or more? |  [ ]  Yes [ ]  No |
| Is client receiving a Home Care Package level 1 - 2? |  [ ]  Yes [ ]  No |
| Is client receiving a Home Care Package level 3 - 4? |  [ ]  Yes [ ]  No |
| Does client have dementia? |  [ ]  Yes [ ]  No |

|  |
| --- |
| Reason for Referral:       |
| If the client has a disability please specify:        |
| Relevant Medical History:       |
| Medications:       |

**CMAS Eligibility Criteria**

* Aged over 16 years.
* Holder of Pensioner Concession Card ( Not Seniors card) OR Health Care Card.
* Chronic bladder or bowel problem for six months or longer.
* Permanent resident of Western Australia for at least 6 months.

Fax referral to 1300 601 788.

**Following Receipt of Referral**

A CMAS Resource Co-ordinator will contact your client for eligiblity screening and arrange an appointment. A letter will be sent addressed to the client confirming the appointment.

CMAS is funded by the West Australian Government and is delivered by Silver Chain.

For enquiries call the Continence Management and Advice Service (CMAS) on 1300 787 055.