caxton legal centre inc

SLASS Referral Form for MNH and MSH providers

Please complete and send this form to SLASS@caxton.org.au For secondary consultations, please call the SLASS lawyers: Tegan on 0400 868 348; Alex on 0400 854 423; Jessica on (07) 3187 8104 or Elizabeth on (07) 3214 6316

PATIENT /CLIENT DETAILS				**REFERRAL DATE**	
FULL NAME*					
SAFE PHONE NO:*		DOB*		GENDER	
ADDRESS					
Has the older person consented to OPALS contacting them?	Yes ☐ No ☐				
Is an URGENT call back required?	Yes ☐ No ☐				
Is the client in hospital or the community?					
Can we contact the older person directly?	Yes ☐ No ☐				
If NO, why?					
Are there any safety risks for accessibility requirements in contacting the older person?	Yes ☐ No ☐				
If YES, please describe					
Is an interpreter required?	Yes ☐ No ☐	Language		Aboriginal ☐ Torres Strait Islander ☐	
REFERRER FULL NAME*					
REFERRER LOCATION* (Name Hospital or Health Service)				MNH ☐ MSH ☐	
REFERRER PHONE NO:*		EMAIL*			

FULL NAME OTHER/RELATED PARTIES* REQUIRED	DOB* (If unknown, approx. age)	Relationship to client (If known)	CC (Office Use Only)

TYPE OF ABUSE* *Please check one or more boxes as appropriate and make a comment*

☐ FINANCIAL EXPLOITATION	
☐ PHYSICAL/EMOTIONAL/NEGLECT	
☐ OTHER OR POTENTIAL ABUSE	
OTHER COMMENTS	

* Required fields

Last reviewed 12 October2023

SUBMIT FORM