



# Care Receiver/Caregiver REFERRAL FORM

COMPLETE AND FAX TO 507-526-4442

## Referrer Information

Referral made by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

## Care Receiver Information

Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Served in Military:  Yes  No Spouse Served in Military:  Yes  No

Services Recommended/  Transportation  Grocery Delivery  Companion  Homemaking/Chore

Requested:  Alert link  Risk Assessment/Consultation  Information/Referral

Present Support Systems:  Medical Assistance  Elderly Waver  Alternative Care  Veteran's Benefits  
 Other:

## Health Assessment:

Mobility:  Needs No Assistance  Cane  Walker  Wheelchair/scooter

Cognition:  Alert/Oriented  Occasional Minor Confusion  Alzheimer's  Other \_\_\_\_\_

Communication:  Impaired Vision  Impaired Hearing  Impaired Speech. Explain: \_\_\_\_\_

Emotional:  Depression  Anxiety  Stress  Isolation  Grief/loss  Mood Disorder

## Living at Home Assessment

Needs help with ADLs:  Walking  Bathing  Getting out of Bed/Chair  Eating  Dressing  Bath rooming

Sustained injurious fall within 6 months:  Yes  No

Has family member/friend who can help if needed:  Yes  No

Does family caregiver feel stressed or overwhelmed?  Yes  No

Has considered moving to nursing facility or assisted living:  Yes  No

Lives  Alone  with Spouse  with other family members

Has concern about memory, thinking, or decision making?  Very Concerned  Somewhat Concerned  No

## Caregiver/Emergency Contact Information

Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Services Recommended/  Individual Consulting  Support Group/Education  In-Home Respite

Requested:  REACH (Dementia Education)  Daybreak (Dementia Respite)

## Other Information/Reasons for Request

Interfaith Caregivers, P.O. Box 82, Blue Earth MN. 507-526-4684. [info@interfaithcaregivers.net](mailto:info@interfaithcaregivers.net)  
[www.interfaithcaregivers.net/referrals](http://www.interfaithcaregivers.net/referrals)