

1. Client identity and contacts

Client full name

Date of birth

Client phone

Client email

Service address

Primary contact person

Primary contact phone

Emergency contact

Emergency contact phone

2. Home access and environmental safety

Access instructions

Access flags

- | | |
|--|---|
| <input type="checkbox"/> Stairs present | <input type="checkbox"/> Pets on site |
| <input type="checkbox"/> Key safe / lock box | <input type="checkbox"/> Gated / restricted entry |
| <input type="checkbox"/> Limited parking | <input type="checkbox"/> Manual handling concerns |
| <input type="checkbox"/> Staff safety concern identified | <input type="checkbox"/> Support person should be present |

3. Referral reason and requested assessment

Referral reason

Requested service / discipline

Urgency / priority

- | | |
|--|--|
| <input type="checkbox"/> Not specified | <input type="checkbox"/> Routine |
| <input type="checkbox"/> Priority | <input type="checkbox"/> Urgent clinical review required |

Presenting concerns / what needs to be assessed

4. Immediate risk screen

Immediate risk flags

- | | |
|--|---|
| <input type="checkbox"/> Recent falls | <input type="checkbox"/> High falls risk |
| <input type="checkbox"/> Requires transfer assistance | <input type="checkbox"/> Non-weight-bearing / restricted mobility |
| <input type="checkbox"/> Cognitive impairment affecting safety | <input type="checkbox"/> Communication barrier affecting assessment |
| <input type="checkbox"/> Behavioural risk | <input type="checkbox"/> Infection precaution |
| <input type="checkbox"/> Skin / wound issue | <input type="checkbox"/> Medical red flag identified |

Falls history

Risk notes / red flags

5. Core medical safety information

Relevant diagnoses / chronic conditions

Current medications

Allergies / adverse reactions

Relevant surgeries / recent admissions

Mobility aids / equipment in use

Cognitive / behavioural considerations

Communication needs

6. Referrer, funding, and consent

Referrer name / organisation

Referrer contact

Funding stream

Provider / package details

Documents received

Consent / privacy notes

Consent status

- | | |
|---|---|
| <input type="checkbox"/> Client aware of referral | <input type="checkbox"/> Permission to contact client / carer |
| <input type="checkbox"/> Permission to receive referral documents | <input type="checkbox"/> Substitute decision-maker involved |

7. GP details

GP name

Practice name

GP phone

GP fax

GP email

Practice address

GP notes / communication considerations

8. Expected communication workflow

Workflow checkpoints

- | | |
|---|---|
| <input type="checkbox"/> Referral received and acknowledged | <input type="checkbox"/> Missing information requested |
| <input type="checkbox"/> Client / carer contacted | <input type="checkbox"/> Provider / funder advised |
| <input type="checkbox"/> Appointment details confirmed | <input type="checkbox"/> Clinician briefed prior to visit |
| <input type="checkbox"/> Post-assessment feedback planned | <input type="checkbox"/> Supporting documents uploaded |

Client / carer communication notes

Referrer / provider communication notes

Internal clinician handover summary

9. Quality and completeness checks

Quality and completeness checklist

- | | |
|---|--|
| <input type="checkbox"/> All referral documents reviewed before booking | <input type="checkbox"/> Key risks visible in client record |
| <input type="checkbox"/> Medication risks highlighted | <input type="checkbox"/> Support person identified where appropriate |
| <input type="checkbox"/> Home access risks documented clearly | <input type="checkbox"/> Closed-loop communication completed |
| <input type="checkbox"/> Relevant GP details captured | <input type="checkbox"/> Referral documents uploaded to record |

Quality notes

10. Administrative completion

Intake completed by

Intake date

General notes