

South West Region
Primary and Community Care
Services'

Guidelines
on
CORE information needs
Of Agencies and
What SCoTT to use for Referral

Developed in consultation with: the Primary Care Service Coordination sub Committee of SWARH and South West & Southern Grampians PCP agency staff.

Coordination and Development of Resource: M Sinnott, Primary Care Systems Coordinator.
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PROTOCOL

PCP agencies agree:

- Information if available, is to be passed on with *client consent* at the time of referral using the relevant Statewide Service Tools Templates (SCoTT)
- Service Providers sending referral information are responsible for *obtaining* consent to pass on that information and to keep a record of consent
- Service Providers receiving client information *accept* that consent has been obtained by the referring agency and that a record of this consent is kept by the referring agency and will not be sent with other information.
- All agencies will send referrals according to practice outlined in the Victorian Statewide Manual (page 30)
- All agencies will acknowledge receipt of referral and provide a referral outcome according to practice outlined in the Victorian Service Coordination Practice Manual (page 30)

Service	Particular information required which may influence practice, care and service delivery outcomes	Relevant Service Coordination Tool Template (SCoTT) that may be used
<i>Adult Day Care Services</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Client's personal interests • Social Interactions and skills • Health Behaviours • Living Arrangements • Activities of daily Living • Impact of Health Conditions e.g. restricted functionality or special dietary needs • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Behaviours Profile • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral
<i>Aged Care Assessment Service (ACAS)</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions e.g. diabetes • What other agencies are involved in care • Living Arrangements • Activities of Daily Living 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Living and Caring Arrangements Profile • Functional Profile • Summary and Referral
<i>Alcohol and Drug Service</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Health Behaviours • Psychosocial status • Living Arrangements • Activities of Daily Living • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Health Behaviours Profile • Living and Caring Arrangements Profile • Functional Profile • Psychosocial Profile • Summary and Referral
<i>Carer Support Program</i>	<p><i>The person being cared for:</i></p> <ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions e.g. diabetes • Living Arrangements • What other agencies are involved in care <p><i>The Carer:</i></p> <ul style="list-style-type: none"> • Some demographics • Carer consent • Care needs e.g. respite, home care, equipment; existing supports 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Living and Caring Arrangements Profile • Summary and Referral

Service	Particular information required which may influence practice, care and service delivery outcomes	Relevant Service Coordination Tool Template (SCoTT) that may be used
<i>Chronic Illness Coordination Service</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Health Behaviours • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Health Behaviours Profile • Summary and Referral
<i>Community Health Counselling Service</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Living Arrangements • Psychosocial situation • What other agencies are involved in care <p><i>May require:</i></p> <ul style="list-style-type: none"> • Health Behaviours • Health Conditions 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Living and Caring Arrangements Profile • Psychosocial profile • Summary and Referral <p><i>May Require:</i></p> <ul style="list-style-type: none"> • Health Behaviours Profile • Health Conditions Profile
<i>Community Health - Men's and Boys Health</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Information re regular screens and health activities • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Health Behaviours Profile • Summary and Referral
<i>Community Health - Women's Health</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Information re regular screens and health activities • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Health Behaviours Profile • Summary and Referral
<i>Community Aged Care Packages (CACPs)</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Living Arrangements • Activities of Daily Living • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral

Service	Particular information required which may influence practice, care and service delivery outcomes	Service Coordination Tool Template (SCoTT)
<i>Community Rehabilitation Service</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Health Behaviours • Living Arrangements • Activities of Daily Living • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions • Health Behaviours • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral
<i>Continence Nurse</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions • Summary and Referral
<i>Dietetics service</i>	<ul style="list-style-type: none"> • Demographics • Health Conditions • What tests have been done • Client's/guardian's consent • Lifestyle and health behaviours • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health conditions Profile • Health Behaviours Profile • Summary and Referral
<i>District Nursing Service</i>	<ul style="list-style-type: none"> • Demographics • Health Conditions • Medications • Client's/guardian's consent • Living Arrangements • Activities of Daily Living • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health conditions • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral
<i>Home and Community Care Service - Council Services</i>	<ul style="list-style-type: none"> • Demographics • Impact of Health Conditions e.g. restricted shoulder movement • Client's/guardian's consent • Living Arrangements • Activities of daily Living • What other agencies are involved in care 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health conditions • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral

Service	Particular information required which may influence practice, care and service delivery outcomes	Service Coordination Tool Template (SCoTT)
<i>Family Services</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • What other agencies are involved in care • Information on each family member • Children's child care and school • Family Dynamics • Living and financial arrangements • Goals of referral • Service outcomes 	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Summary and Referral (use for indicating other services, goals of referral, family circumstances data not captured on the SCoTT) • Living and Caring Arrangements Profile <p><i>The above are interim arrangements and apply to agencies that make infrequent referrals to Family Services - call 1300361680 to confirm.</i></p>
<i>Mental Health Services</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • Health Behaviours • What other agencies are involved in care • Psychosocial needs <p><i>If a HACC client: Living Arrangements and client activities of daily Living</i></p>	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions Profile • Health Behaviours Profile • Psychosocial Profile • Living and Caring Arrangements Profile • Functional Screen Profile • Summary & Referral
<i>Occupational Therapy Services</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions e.g. history of falls/vision • Living Arrangements • Information regarding Carer • Activities of Daily Living • What other agencies are involved in care <p><i>Note down other specific information on either the relevant profile (e.g. the need for personal support on the psychosocial form) or the Summary and Referral form</i></p>	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions • Health Behaviours • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral

Service	Particular information required which may influence practice, care and service delivery outcomes	Service Coordination Tool Template (SCoTT)
<i>Physiotherapy Services</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions e.g. history of falls/vision • Living Arrangements • Information regarding Carer • Activities of Daily Living • What other agencies are involved in care <p><i>Note down other specific information on either the relevant profile (e.g. the need for personal support on the psychosocial form) or the Summary and Referral form</i></p>	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health Conditions • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral
<i>Podiatry</i>	<ul style="list-style-type: none"> • Demographics • Client's/guardian's consent • Health Conditions • What other agencies are involved in care <p><i>If a HACC client: Living and Caring Arrangements and client activities of daily Living</i></p>	<ul style="list-style-type: none"> • Confidential referral Coversheet • Consumer Information • Consent Form • Health conditions • Living and Caring Arrangements Profile • Functional Screen Profile • Summary and Referral