

**BOROONDARA COMMUNITY STROKE HUB (BCSH) – REFERRAL FORM**

Date: \_\_\_\_\_

REFERRER DETAILS		
Referrer First name:		Referrer Surname:
Referrer Position:		
Organisation:		
CLIENT / STROKE SURVIVOR DETAILS		
First name:		Surname:
Address:		
Home phone:		Mobile:
Email address:		
DOB:	Age:	Male / Female (Pls circle)
Reason for Referral:		
Suggested Strategies / Comments:		

Please email the completed referral to Maria Thommyppillai, Hub Coordinator

Email: [maria@strokeassociation.com.au](mailto:maria@strokeassociation.com.au)

Phone: (03) 8529 5307

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For those with communication difficulties (e.g. Aphasia), please complete the below information to assist the team at the BCSH.

PREFERRED CONTACT DETAILS (Carer/Partner/Family Member)	
First name:	Surname:
Home phone:	Mobile:
Email address:	

HELPFUL INFORMATION ABOUT YOUR CLIENT / STROKE SURVIVOR
Country / Place of Birth:
Employment (Past / Current):

What are their hobbies? (e.g. gardening, cooking, reading, fishing, movies, TV shows, shopping)

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Are they interested in any sport? Which teams?

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Have they ever played any sport? If so, which sport?

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Do they like music? Which styles/bands/artists?

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What food and drink do they like? Which cuisines?

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Tell us a little bit about any travel they may have done or planning to do?

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**Please tell us about their communication.**  
How do they communicate? (speech, writing, gesture, pointing)?

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Do they use any devices or assistive items (e.g. communication book/board, iPad, tablet) to help them communicate?

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What strategies help them to communicate?  
(e.g. write things down, repeat, show pictures, use short sentences, gesture)

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Anything else you'd like us to know?

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