STROKE
ASSOCIATION of VICTORIA

BENDIGO STROKE SUPPORT CENTRE (BenSSC) – REFERRAL FORM

Date: ___________________

REFERRER DETAILS		
Referrer First name:	Referrer Surname:	
Referrer Position:		
Organisation:		
Patient agreed to referral (please tick) ☐ Yes ☐ No		
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 Tamara Lalor, Centre Coordinator
Email: bendigo@strokeassociation.com.au
Phone: 0490 709 962

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

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?

Please tell us about their communication.

How do they communicate? (speech, writing, gesture, pointing)?

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

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

Anything else you'd like us to know?