
GUIDELINES FOR REFERRAL

DBMAS is a state wide service which provides assistance with the care and management of people whose symptoms of dementia are causing risk or distress to themselves or others.

Services offered by DBMAS include:

- Clinical assessment, intervention and evaluation
- Support and advice
- Assistance with care planning
- Suggestions for behaviour management techniques
- Provision of resources
- Tailored education, workshops and information

Referrals to DBMAS will be accepted providing that the person being referred meets the following criteria:

- The person must be diagnosed with dementia
- The person must be either a resident of an Australian Government funded aged care facility, on a waiting list for, or in receipt of, an Aged Care Package in the community, including Extended Aged Care at Home (EACH) Package, Extended Aged Care at Home Dementia (EACHD) Package or a Community Aged Care Package (CACP).
- The person's General Practitioner must approve of the referral
- The responsible person must approve of the referral
- The referral form must be completed by the relevant health care provider (eg ACAT, GP, Aged Care Package Provider, Residential Aged Care Facility)

Referrals to DBMAS will be prioritised according to DBMAS triage criteria.

REFERRAL FORM

Please complete all areas

Date of Referral: _____

Organisation / Aged Care Facility: _____

Person Making Referral Name/Position: _____

Contact Phone Number: _____

Has the client been diagnosed with dementia? (tick box)

Yes No

The following people must approve of this referral: (tick box)

General Practitioner Responsible Person

Client Details

Surname: _____ Given Names: _____

Preferred Name: _____ Sex: M / F D.O.B/Age _____

Usual Client Address _____

Current Client Address _____

Marital Status: _____

Next of Kin / Significant Other : _____

Relationship: _____

Address: _____

_____ Contact Number _____

GP _____ Phone: _____ Fax: _____

Does the person being referred fall into any category listed below: *(please tick)*

Aboriginal Torres Strait islander

Living in Rural/Remote Communities

Culturally & Linguistically Diverse.

Country of birth: _____ Language Skills: _____

Interpreter Required (specify): _____

Name:
DOB:
Gender:

(Or sticker)

Dementia Severity

Extreme	
Very Severe	
Severe	
Moderate	
Unknown	

Type of Dementia (if known)

Alzheimers	
Vascular	
Parkinsons	
Dementia with Lewy Bodies	
Alcohol related dementia	
Other	

Behaviours of Concern

Please tick box(s) below and provide further detail regarding behaviour- in Additional Information section.

Symptoms of Dementia Leading To Referral (please tick)

Physical BPSDs		Verbal BPSDs		Social BPSDs	
Physically Violent		Screaming		Dressing/Undressing	
Physically Aggressive		Swearing		Shadowing	
Physically Threatening to Self or Others		Verbally Aggressive		Sexual Disinhibition	
Physical Agitation		Verbally Disruptive		Hiding/Hoarding	
Severe Physical Agitation		Verbally Inappropriate Sexual Advances		Consuming Inappropriate Substances	
Physically Resisting Care		Verbally Resisting/Refusing Care		Stealing	
Chronic Substance Use		Night Time Disturbances		Faecal Smearing	
Property Damage		Paranoid Ideation that Disturbs Others		General Disinhibition	
Depression/Psychosis related BPSDs		Wandering BPSDs		Other BPSDs not listed	
				Please add others as required	
Suicidal		Interfering while Wandering		Incontinence	
Hallucinations		Trying to access Inappropriate Places		Sleep Disturbance	
Delirium		Attempting to leave Aged Care Facility		Eating Disorder	
Anxiety		Trying to access other person/s room/s		Agitation/Anxiety	
Chronic Mood Disturbance		Wandering away from Home		Falls	
Misidentification					
Apathy					
Self Deprecation					
Depression/Social Withdrawal					