

## Referral Form

<b>LifeMoves Referral</b>	<b>Name:</b>
	<b>Date of referral:</b>
Age	
Date of birth	
Contact details (address and phone)	
Neurological condition and date of onset	
Functional impact of neurological condition	
Swallowing issues or dietary requirements	
Mobility aid (please circle)	Wheelchair / scooter / frame / other _____
Details of referring therapist (address and phone)	
Inpatient rehab? Site and duration of stay	
Outpatient rehab? Site and duration of stay	
Please identify any health or behavioural issues that may impact on the client or others in the program. NB: 1. Referrals for people who demonstrate challenging behaviours (e.g. verbal and/or physical abuse or sexual disinhibition) will need to be discussed with the Coordinator. 2. Should any health problems or behaviours of concern emerge during the program, the client will be advised to discontinue until they receive medical clearance to resume.	
Purpose of referral: (adjustment to community, back to work issues, emotions, other)	

Health professional or GP Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please use a practice stamp where possible)

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LifeMoves provides structured peer support that empowers people with acquired neurological conditions. The programme consists of eight weekly two-and-a-half hour sessions of client-generated discussions that are facilitated by trained peer support workers.

The programme is cost free at present. Participants are required to provide their own transport.

Participants in LifeMoves programmes shall:

- Have a diagnosis of an acquired neurological condition
- Live in any catchment area
- Be over 18 years of age
- Communicate in or understand English (Interpreters are not able to attend)
- Have adequate cognition and capacity to participate (at some level) in a group conversation

Carers are excluded from LifeMoves (to ensure clients may speak freely).

Contact the LifeMoves Relationship Coordinator, Florence Kingsley-Matthews on ph/fax (03) 9376 6669 or mobile 0412 178 507 for further information.

Please fax the referral from to Florence on fax: (03) 9376 6669 or alternatively, you may choose to mail your referral in to:

**LifeMoves Referrals**  
**Peers Inspiring Peers**

**PO Box 279**  
**Fairfield VIC 3078**