

community
VISITORS SCHEME

RESIDENT PROFILE
(Confidential)

Aged Care Home _____

Person providing the Information: _____

Resident's Name _____

Date Of Birth: _____

Country of Origin: _____

Preferred Language: _____

Reason for Referral _____

To Community Visitors Scheme: _____

Family Background: _____

Work Background: _____

Hobbies and Interests: _____

Current Visitors and relationships: _____

Health Status: Mobility _____ Hearing _____

Continence _____ Eyesight _____

Dementia _____ Speech _____

Challenging Behaviour _____

Other relevant information to ensure that Community Visitor can meet duty of care:

Special care needs:

Suggested activities
to undertake with resident

Ability of resident to participate Yes
In outings with personal care
Support No

Visitor Preferences: (Circle)

Gender: Male Female No Preference
Age Range: 18-30 31-50 51+ No Preference

Language or Cultural Preference _____

Religious Preference _____

Other comments

Authorised Staff Name: _____ **Position** _____

Date of referral _____ **signature:** _____

When the information above is complete, please forward this Profile Sheet to:

Riverview Community Visitors Scheme
PO Box 524
VICTORIA PARK. WA 6979
Fax : (08) 9416 0111
Phone: (08) 9416 0100 Direct: (08) 9416 0103
Mob: 0419 511 012 Email: cvs@riverview.org.au