	Western Cognitive, Dementia & Memory Service Referral Form (CDAMS)																											
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	ustralia:	- /										Indigenous – Aboriginal but <b>not</b> Torres Strait Islander																
	Other (List):									Strait Islander but <b>not</b> Aboriginal																		
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	English Other Not indigenous – Aboriginal or Torres Strait Islander																											
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Medical History:	D				
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Psychiatric History:		Curre	nt Medication	¢.	
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Any Risks to Staff/Client:					

Current / Previous Contact with:	В	Previous Cognitive Assessment Completed?
Geriatrician		🗌 Yes 🔲 No
Neurologist		If Yes by Whom and When:
Psychiatrist		
Other Medical Specialist		
Aged Care Assessment Service		
Aged Psychiatry Ax Team / Adult Mental Hea		
Other relevant Services		

Carer Availability	Carer Relationship	Living Arrangements	Usual Accommodation							
No Carer	Spouse/Partner	Lives Alone	Priv Res. Owned/							
Co-resident Carer	Parent	Lives with Family	Purchasing/ Rental							
Non Resident Carer	Child	Lives with Others	Short term crisis/Emergency							
	Child-in-law	Not stated/not								
	Other Relative	adequately described	Residential Aged Care Facility							
	Friend/Neighbour		Public place, Homeless							
			Independent Unit Retirement Village							
			Not stated/not adequately described							
Medicare No:										
DVA No: (if applicable)										
TAC Yes	No Claim Number:									
Workcover 🗌 Yes 🗍	No Claim Number									
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