



**Referral to be made by an OT, Community Care Agency or Health Care Professional only.**

Referred by: (Dr/Mr/Mrs/Ms)

Practice/Organisation:

Address:

Suburb/Town:  State:  Postcode:

Telephone No:  Fax No:

Email:  Date:  /  /

**Installation Fee:** \$145.00

**Monthly Service Fee:** \$37.50 including GST

Client's Name:  Telephone No:

Client's Address:

Suburb/Town:  State:  Postcode:

Contact Person:  Contact Telephone No:

Additional Client Information:

### Additional Options

Please indicate which of the following products Safety Link should discuss with the client to assist them in maintaining their independence whilst living at home.

**Key Safe**

A convenient and easy-to-use device that can hold up to 3 keys and allows entry during emergencies or if locked out of the house.

**Fall Detector Pendant**

This advanced pendant utilises sophisticated technology that ensures significant impact falls will automatically trigger an alarm.

**Easy Press Pendant**

This pendant features a larger button surface area for clients with dexterity issues.

**Daily Call**

This option is primarily for people who don't have regular daily contact with others.

**Additional Pendant**

An extra pendant for a spouse or family member living with the client so they too can receive 24/7 monitoring.

**Alternative Triggering Device**

Safety Link supplies triggering devices tailored to clients needs.

**Please note: the above products will attract an additional cost.**

For more information regarding Safety Link, including accessible application forms, please visit Safety Link's website [www.safetylink.org.au](http://www.safetylink.org.au)

**Return this Referral Form to:**

Safety Link Client Services Department  
16 Eastwood Street Ballarat Central Vic 3350

T: 1800 813 617  
F: 1800 193 233

E: [info@safetylink.org.au](mailto:info@safetylink.org.au)  
[www.safetylink.org.au](http://www.safetylink.org.au)