



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: / /

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.

- | | |
|---|--|
| <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Fall Detector Pendant
This advanced pendant utilises sophisticated technology that ensures significant impact falls will automatically trigger an alarm.</p> <p><input type="checkbox"/> Easy Press Pendant
This pendant features a larger button surface area for clients with dexterity issues.</p> | <p><input type="checkbox"/> Daily Call
This option is primarily for people who don't have regular daily contact with others.</p> <p><input type="checkbox"/> Additional Pendant
An extra pendant for a spouse or family member living with the client so they too can receive 24/7 monitoring.</p> <p><input type="checkbox"/> Alternative Triggering Device
Safety Link supplies triggering devices tailored to clients needs.</p> <p><input type="checkbox"/> GO Trek
The GPS enabled GO Trek allows freedom and security on the move.</p> |
|---|--|

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

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
www.safetylink.org.au