

Discharge Today or Tomorrow placement service request

About you

Hospital/Organisation: _____

Preferred timing of placement: Today Tomorrow Other _____

Address: _____

Best contact name 1: _____ Phone: _____

Email address: _____

Best contact name 2: _____ Phone: _____

Email address: _____

Client / Patient needing placement

Patient name: _____ Date of birth: _____

Where is this person currently: _____

Does this person have a support plan? Yes No

Has approval for: Respite Code _____

Perm Code _____

NO Approval

Please attach the support plan if possible

Conditions of the person needing placement

Frail Aged Dementia _____

Complex _____ Other _____

Mental health issues: No Yes

Ambulating: No Yes Frame / Aided Falls risk

COPD: No Yes Cancer No Yes

Impacting conditions: No Yes _____

Weight: Under 80kg 80-100kg 100-125kg 125-150kg Over 150kg _____

Brief summary of this person's care needs and placement requirements

Main contacts for this person (family or representative)

Best contact person: _____

Relationship: _____

Contact number: _____

Is there a public guardian involved? No Yes

To complete and submit this form online, please visit wsupportw.com.au/free-placement-service-request/