

Mapping Aged Health Expertise

The Agency for Clinical innovation, Aged Health Network's aim is to bring together health professionals and consumers to improve the care of older persons in NSW.

The ACI Allied Health Subgroup of the Aged Health Network would like to identify allied health professionals with expertise in aged health working in NSW acute and community facilities.

This will help in identifying key clinicians who may be able to contribute to ACI Aged Health activities and promoting professional networking across metropolitan and rural NSW.

Please return completed forms to Glen Pang: Network Manager Aged Health, ACI

Email: glen.pang@aci.health.nsw.gov.au or fax : (02) 8644 2148 by Friday 20 July 2012.

Name:	
Position:	
Department	
Facility/Organisation	
Telephone	
e-mail	

Allied Health Discipline:

- | | |
|---|---|
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Diversional Therapist | <input type="checkbox"/> Psychologist/Clinical Psychologist |
| <input type="checkbox"/> Clinical Neuropsychologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Pharmacist | |
| <input type="checkbox"/> Other allied health professional (please specify): _____ | |

In my facility/LHD, I have Aged Health expertise in:

- | | |
|---|---|
| <input type="checkbox"/> Aged care assessment | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Advance care planning/capacity | <input type="checkbox"/> Older people's mental health |
| <input type="checkbox"/> Community aged care | <input type="checkbox"/> Orthogeriatrics |
| <input type="checkbox"/> Delirium | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Residential Aged Care Facilities |
| <input type="checkbox"/> Falls prevention | <input type="checkbox"/> Transitional Aged Care |
| <input type="checkbox"/> Other (please specify): _____ | |

I am a:

- New graduate
 Competent therapist
 Experienced therapist

I have _____ years of experience

Thank You