

# Care Coordination Program

PO Box 358, Ulverstone TAS 7315  
Level 1, 11 Alexandra Rd,  
Ulverstone TAS 7315  
Ph: 6425 8500 Fax: 6425 8588

PO Box 2086, Launceston TAS 7250  
Northern Integrated Care Service  
41 Frankland Street,  
Launceston TAS 7250  
Ph: 1300 977 518 ext 3, then press 2 Fax: 6336 2433

GPO Box 1827, Hobart TAS 7001  
Level 4, 15 Victoria Street,  
Hobart TAS 7001  
Ph: 6213 8200 Fax: 6224 4981



<FormattedDate>

<AdrDetails>

Dear <AdrName>

**Re: Care Coordination Program**  
**Client: <PtFullName>**  
**DOB: <PtDoB>**

Your patient <PtFirstName> <PtSurname> has been a participant of the Care Coordination Program.

In consultation with the patient and other service providers, coordinated services were put in place.

Outcomes Summary:

- <Outcomes Summary - 1st dot point>
- <Outcomes Summary - 2nd dot point>
- <Outcomes Summary - 3rd dot point>

A client care plan was also compiled and left with <PtFirstName> <PtSurname>.

<PtTitle> <PtSurname> no longer requires care coordination and has been discharged from the program. However, if in the future <PtTitle> <PtSurname> requires our services again please don't hesitate to refer to the Care Coordination Program on <UsrPhone>.

Kind regards

**<UsrName>**  
**Care Coordinator - Chronic Disease**  
**Primary Health Tasmania**

Printed on: <PrintDate>

Revised: <RevisedDate>