

Care Coordination – Referral Form

Chronic Disease and Aboriginal Health Programs



primary
health
TASMANIA

phn
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An Australian Government Initiative



Referral Service Location:

<Service Location>

Referrer Details	Client Details
Date: <TodaysDate> Referrer: <UsrName> GP Name: <DrName> <Practice> <DrStreet> <DrCity> <DrPostcode> Ph: <DrPhone> Fax: <DrFax>	Name: <PtName> Address: <PtAddress> DOB: <PtDoB> (h) <PtPhoneH> (w) <PtPhoneWk> (m) <PtPhoneMob>
Pension No: <PtPensionNo> Medicare No: <PtMCNo> DVA No: <PtDVANo>	Is the client of Aboriginal or Torres Strait Islander origin? <Is Client Aboriginal or Torres Strait Islander Origin>
Client Consent Has the Patient provided consented for this referral: <Has the Patient consented to Referral>	Is an interpreter required: <Interpreter Required> (if yes) language: <If Yes, Language>

Client Eligibility Please mark one or more chronic disease/s the client has:

- ☐ Diabetes
- ☐ Frail Aged
- ☐ Cardiovascular Disease (CVD)
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Musculoskeletal (limited to lower back pain, osteoporosis & arthritis)
- ☐ Neuro-degenerative disorders (NDD)
- ☐ Chronic Renal Disease
- ☐ Cancer
- ☐ Other

Risk Factors Please mark one or more risk factor/s relevant to the client:

- ☐ Client is at risk of experiencing frequent hospital admissions
- ☐ Client is at risk of inappropriate use of services, such as hospital emergency presentations
- ☐ Client is not using community based services appropriately or at all
- ☐ Client requires more intensive coordination than is currently able to be provided by general practice staff
- ☐ Client requires assistance to make and manage multiple appointments and access multiple services
- ☐ Client requires assistance to overcome barriers to access services

For General Practice Staff Please indicate which MBS item has been completed:

- ☐ Aboriginal health Check (715)
- ☐ GP Management Plan (721)
- ☐ 75 Years & over Health Check (701-707)
- ☐ I have attached a Health Summary

Please include any additional comments:

Fax completed referral to the appropriate Care Coordinator Program service location (See top of page)

(If you have further enquiries please phone: 1300 653 169 and ask for the Care Coordination Program)