Referral Form - Integrated Team Care (ITC)
(Care Coordination & Supplementary Services)

For your **Aboriginal and Torres Strait Islander clients** needing assistance managing their chronic disease

Aboriginal and/or Torres Strait Islander Yes □ **No □ (Not eligible to participate)**

1. Patient Details:

Name	Date of Birth
Contact Number	Medicare Number
Address	

2. The reason my patient requires Care Coordination / Supplementary Services is:

(e.g. Inability to self-manage, functional disability)

3. Service Required:

☐ Care Coordination ☐ Supplementary Services:

☐ Specialist Care ☐ Allied Health

☐ Transport ☐ Medical Aids

4. Supporting Documents:

☐ GPMP *(essential)* ☐ TCA *(useful)* ☐ 715 *(optional but useful)*

☐ Other:

5. Chronic Disease Details:

Patient must have a chronic or terminal medical condition which has been or is likely to be present for six months or longer

☐ Diabetes	☐ Eye Conditions (assoc.with diabetes)	☐ Chronic Kidney Disease
☐ Cancer	☐ Cardiovascular Disease	☐ Chronic Respiratory Disease
☐ Mental Health	☐ Other *(details):*	

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6. Priority Allocation of Supplementary Services Funding:

☐ Likely to prevent hospital admission

☐ Likely to reduce hospital admission length of stay

☐ Risk of inappropriate use of services, such as hospital emergency presentations

☐ Service requested is unavailable through other funding sources

☐ Waiting period for the service is longer than clinically appropriate

☐ No availability of local transport for patient to attend specialist or allied health appointment

☐ Prohibitive transport cost for the patient to attend specialist or allied health appointment

GP Name	
GP Signature	
GP Practice	
Date of Referral	

Referral Instructions

1. Send this referral form with GPMP / TCA to relevant Care Coordinator in your region
2. Please also include Care Coordinator as part of the GPMP / TCA team

Illawarra
Phone 02 4220 7645
Fax 02 4226 6489

Shoalhaven
Phone 02 4448 2203
Fax 02 4448 2289

Eurobodalla
Phone 02 4474 2783
Fax 02 4474 0418
Argus Argus.gphsouthern@gph.org.au

Bega Valley & Cooma-Monaro
Phone 02 6494 8860
Fax 02 6494 8855
Argus Argus.gphsouthern@gph.org.au

Goulburn, Yass & Queanbeyan
Phone 02 4824 4905
Fax 02 4824 4990
Argus Argus.gphsouthern@gph.org.au

Canberra
Phone 02 6298 2902
Fax 02 6298 2982

For internal use:

Referral Accepted ☐ Referral Declined ☐ Referral on Waiting List ☐

Date of referral receipt: _____ Date of referring GP contact: _____

Date of client first contact: _____ Date for referral review: _____