Referral Form - Integrated Team Care
(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 ☐

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. Client non-compliant, 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):*	

Reviewed 06/12/2016

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 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 0408725319
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 6492 3768
Fax 02 6494 7314
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 0436 189 481
Fax 02 4474 8587

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: _____

Reviewed 06/12/2016