| DOB |   | PID Number |
| --- | --- | --- |
| Gender |   |   |
| Title |   | Surname |   |
| Given Names |   |
| Address |   |
|  | *(Type or affix sticker)* |

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| **Referral source** |
| **General Practitioner (Name):**       | **LHD (Name):**       |
| **Allied Health:**       | **Self-referral:**       |
| **Other:**       |
| **Initial reason for referral:**       | **Referral date:** select date |
| GP Name:       | Practice Name:       |
| Email:       | Telephone:       | Alternate GP:       |

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| **Patient Details** |
| Family Name:       | Given Names:       |
| Address:       | Suburb:       |
| Medicare Number:       | D.O.B (Date of birth):       |
| Mobile no.:       | Home phone:       |
| Email:       | Does the patient live alone? [ ]  Yes [ ]  No |
| Preferred Language:       | Interpreter required: [ ]  Yes [ ]  No |
| Have a Health Care Card? [ ]  Yes [ ]  No | Is the patient a main carer? [ ]  Yes [ ]  No |
| Does the patient have a partner? [ ]  Yes [ ]  No | If yes, partners full name:       |
| Does the patient have a carer? [ ]  Yes [ ]  No | If yes, carers full name:       |
| If yes, is the carer related? [ ]  Yes [ ]  No | Partner or Carers contact phone number:      |
| Is the patient Aboriginal or Torres Strait Islander? (Please tick one of the following)[ ]  Aboriginal [ ]  No [ ]  Torres Strait Islander [ ]  Not stated [ ]  Both Aboriginal and Torres Strait Islander [ ]  Does not identify |

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| **Referral Details** |
| **Chronic Disease details**/: (Please tick all that apply) |
| [ ]  Patient has Arthritis[ ]  Patient has Asthma[ ]  Patient has Back Pain[ ]  Patient has Cardiovascular Disease | [ ]  Patient has Cancer[ ]  Patient has Chronic Kidney Disease[ ]  Patient has COPD[ ]  Patient has Diabetes | [ ]  Patient has Osteoporosis[ ]  Patient has Mental Health Condition[ ]  Other:       |

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| **Current Chronic Disease Management – Patient has** (Please tick all that apply)[ ]  GP Management Plan (GPMP item 721 / review item 732) AND[ ]  Aboriginal and Torres Strait Islander Peoples Health Assessment (item 715) [ ]  Team Care Arrangements (item 723 / review item 732) OR [ ]  Mental Health Treatment Plan (item 2700, 2701, 2715 or 2717 / review item 2712 or 2713)[ ]  Health Assessments (item 701 / item 703 / item 705 / item 707)**Note: Please attach a copy of the relevant care plan/s to this form.** |

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| The patient is considered to have limited access to multidisciplinary care from allied and other health professionals due to: (Please tick all that apply)[ ]  Financial Barriers [ ]  Health/Medical Barriers[ ]  Geographical Barriers (>100km from service provider) [ ]  Transport/Physical Access Limitations[ ]  Social/Cultural Barriers [ ]  English not First Language[ ]  Patient has exhausted Medicare CDM Allied Health Visits |

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| **Additional Information** (relevant medical history or impairment or complexity)      |
| **Supporting Comments:**      |
| [ ]  **The above patient has given consent to be contacted by the SE NSW Chronic Care Coordination program** |

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| **Patients Eligibility and Exclusions** |
| * Community based
* Have a chronic medical condition and complex care needs
* Eligible for GP management Plan (GPMP – item 721 or 715)
* Eligible for Aboriginal and Torres Strait Islander Peoples Health Assessment (item 715)
* Eligible for Team Care Arrangements (TCA – item 723)
* Aged 18 and over, or 15 and over for Aboriginal and Torres Strait Islander
* Consented to referral
 |
| **Exclusions*** Reside outside of South Eastern New South Wales
* Permanent residents of RACF​
* Medicare ineligible ​
* DVA Cardholders​
 |

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| **Tips for completing the Referral form** |
| * Ensure the patient has a handout explaining the Chronic Care Coordination program
* Ensure that the patient has access to a telephone by including all phone numbers in **patient details section**
* Need to ensure a copy of the relevant care plan/s to this form:
	+ GP Management Plan (GPMP item 721 / review item 732) AND
	+ Aboriginal and Torres Strait Islander Peoples Health Assessment (item 715)
	+ Team Care Arrangements (item 723 / review item 732) OR
	+ Mental Health Treatment Plan (item 2700, 2701, 2715 or 2717 / review item 2712 or 2713)
* Need to ensure a medical summary is included in the **Additional information section** or as an attachment
* Please advise in the **supporting comments section** if the patient is involved with:
	+ Social prescribing
	+ ITC
	+ Specialist care service
	+ Palliative Care
 |
| **Further Information** |
| For all general enquires please contact Ph: 1300 650 803 or email: SENSW@silverchain.org.auSilverchain Group <https://silverchain.org.au/>COORDINARE South Eastern Primary Health Network <https://www.coordinare.org.au/>Health Pathways link: <https://www.coordinare.org.au/for-health-professionals/system-integration/healthpathways/>  |