

Referral for Care Coordination
for Aboriginal and Torres Strait Islander People

Fax No: 02 8752 4978

Note: This is a secure Fax Number



An Australian Government Initiative

Date of Referral: _____

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Medicare Number: _____ Expiry: _____ Index No. _____

Diagnosis:

- Diabetes
- Chronic Renal Disease:
- Cancer
- Cardiovascular Disease:
- Chronic Respiratory Disease:
- Other _____

Reason for Referral:

- Coordination of care
- Assistance with access to services
- Support with self-management
- Aboriginal Outreach Worker
- Other _____

Supporting Documents:

GPMP: attached TCA: attached
 to be completed to be completed

Consent written verbal

Other _____

Source of referral: _____

Address: _____

Phone No: _____

GP Name: _____

GP Address: _____

GP Phone No: _____

Office Use only

Date allocated _____

LHD/Name/Email: _____