

Wheatbelt Chronic Disease Care Program

REFERRAL FORM (enquiries phone 9621 4444)



GPs please note: As part of this Program, Care Coordinators support GPs to ensure patients receive timely and appropriate coordinated care and assist in the implementation of the patients care plan. This includes arranging access to face to face/telehealth services, clinical, non-clinical and self-management programs, monitoring patients progress and providing feedback to referring GP.

General Practitioner or Nurse Practitioner details							
Name:	Phone / Mobile:						
Practice:	Fax:						
Practice address:	Email:						
Patient details							
Name:	Home phone:						
Address:	Work phone:						
	Mobile:						
Date of birth: Age:	Medicare #: Ref #:						
Patient identifies as: <input type="checkbox"/> Aboriginal or <input type="checkbox"/> CALD	Health Care Card #:						
Referring practitioner, please tick relevant boxes in each section below							
<p>Eligibility The patient must be diagnosed, or at high risk of, at least one of the three chronic diseases listed, and have limited access to multidisciplinary care due to one of the following:</p> <p><input type="checkbox"/> Health care card/low income earner <input type="checkbox"/> Social/cultural (CALD/ATSI) <input type="checkbox"/> No private providers in area</p> <p><input type="checkbox"/> Exhausted Medicare CDM allied health visits <input type="checkbox"/> Transport or physical access limitations</p>							
<p>Chronic disease and comorbidity</p> <p>Diabetes: <input type="checkbox"/> diagnosed <input type="checkbox"/> at high risk of</p> <p>Cardiovascular: <input type="checkbox"/> diagnosed <input type="checkbox"/> at high risk of</p> <p>Respiratory: <input type="checkbox"/> diagnosed <input type="checkbox"/> at high risk of</p>							
<p>Current Chronic Disease Management (a copy of the relevant care plan including medical history and medications to be attached to this form)</p> <p><input type="checkbox"/> Patient has GP Management Plan (item 721 / review item 732) AND/OR</p> <p><input type="checkbox"/> Team Care Arrangements (item 723 / review item 732) OR</p> <p><input type="checkbox"/> GP has contributed to/reviewed multidisciplinary care plan from patient's aged care facility (item 731)</p> <p><input type="checkbox"/> GP authorises release of patients pathology results to Care Coordinator</p>							
<p>Allied Health Services recommended</p> <table border="1"> <tr> <td><input type="checkbox"/> Asthma Educator</td> <td><input type="checkbox"/> Dietitian</td> <td><input type="checkbox"/> Podiatrist</td> </tr> <tr> <td><input type="checkbox"/> Diabetes Educator</td> <td><input type="checkbox"/> Exercise Physiologist/Physiotherapist</td> <td><input type="checkbox"/> Care Coordination/support</td> </tr> </table> <p><i>*Some allied health services not available in all locations. Services dependent on availability.</i></p>		<input type="checkbox"/> Asthma Educator	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Diabetes Educator	<input type="checkbox"/> Exercise Physiologist/Physiotherapist	<input type="checkbox"/> Care Coordination/support
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<p>Reason for referral: (eg needs more intensive support, change of medication, foot ulcer, recent cardiac event)</p> <p>This program aims to improve the health of vulnerable, disadvantaged or otherwise eligible individuals in the Wheatbelt region who are diagnosed or at high risk of chronic diabetes, cardiac or respiratory conditions. Medicare rebates and private health insurance benefits cannot be claimed for these services, however for eligible patients this service is fully funded. The patient gives consent to be contacted by the Care Coordinator to plan future multidisciplinary care, including telehealth services where appropriate.</p>							
<p>Patient's signature: _____ Date: _____</p> <p>Referring practitioner's signature: _____ Date: _____</p>							
<p>Send completed form to: Trish Posiano Fax: 9621 1532</p>							

Wheatbelt Health Network acknowledges WA Primary Health Alliance (WAPHA) for providing funding in its role as the operator of the Country WA PHN. **WAPHA Disclaimer:** While the Australian Government Department of Health, via WAPHA, has contributed funding to Wheatbelt Health Network, the information contained in this referral does not necessarily reflect the views of the Australian Government and/or WAPHA and is not advice that it is provided, or information that is endorsed, by the Australian Government and/or WAPHA. The Australian Government and/or WAPHA is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use of or reliance on the information provided herein.