

Referral Form

Allied Health Services – Kalgoorlie

360 Health + Community

Patient/Client Details			
Patient Name:		Gender: M F	
DOB:		Other: _____	
Patient Address:			
Date of Referral:		Phone home:	Mobile:
Healthcare/Pension Card? Y N	Card Number:		Expiry Date:
Medicare Card Number:		Expiry Date:	ATSI registered? Y N
Referring GP / GP Contact Details		Referring Allied Health Details	
GP Name:		Name:	
Practice Name:		Practice/Organisation:	
Practice Address:		Address:	
Diagnosis – Please attach summary sheet of medical history, medications & relevant pathology			
Reason for Referral:			
Service Required – Please ensure appropriate documents are attached			
<p>Patient Requires Allied Health Services – If applicable, attach GPMP/TCA & Allied Health Referral Form (EPC)</p> <p><input type="checkbox"/> Dietitian</p> <p><input type="checkbox"/> Diabetes Educator – Date of Diagnosis: ____/____/____</p> <p><input type="checkbox"/> DESMOND Type 2 Diabetes</p> <p style="text-align: center;">360 Health + Community will, where appropriate, direct your patients to other 360 programs and allied health professionals to assist the patient to make lifestyle changes.</p>			

Please fax to 360 Health + Community on 08 6270 4428

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