South West Healthcare

Community Health Referral

Access and Intake
Community Health,
South West Healthcare
Ryot Street
Warrnambool VIC 3280

ABN: 41189754233

Tel: (03) 5563 4000
Fax: (03) 5563 1669
Email:intake@swh.net.au

PLEASE ENSURE THAT ALL SECTIONS ON THIS FORM ARE COMPLETED TO ALLOW FOR APPROPRIATE TRIAGE

Referrer Details: **Date:**

Referrer Name: Provider Number:
Practice Name:
Practice Address:
Phone: Fax: Email:
Referrer Signature:

Patient Details:

Surname: Given Name:
Date of Birth: Gender:
Address:
Phone:
Email:
Carer / Next of Kin: Carer /NOK Phone:
Is the patient of Aboriginal or Torres Strait Island descent: ☐ No ☐ Yes

Service requested

- ❑ Advanced Developmental Paediatric Practitioner (0-8yrs)
- ❑ Cancer Supportive Care Program
- ❑ Cardiac Rehab
- ❑ Chronic Pain Clinic
- ❑ Continence
- ❑ Diabetes Education
- ❑ Exercise Physiology
- ❑ Falls & Balance
- ❑ GEM at Home
- ❑ Healthy Mothers Healthy Babies
- ❑ Hospital Admission Risk Program (HARP)
- ❑ Intensive Home Based Rehabilitation (IHBR)
- ❑ Movement Disorder Nurse
- ❑ Nutrition and Dietetics
- ❑ Occupational Therapy (adult or paediatric 0-6yrs)
- ❑ Paediatric Asthma & Chronic Illness Care
- ❑ Paediatric Feeding Clinic (0-2yrs)
- ❑ Physiotherapy (concession card holders only)
- ❑ Podiatry
- ❑ Pulmonary Rehabilitation
- ❑ Respiratory Education
- ❑ Smoking Cessation Clinic
- ❑ Social Work & Counselling
- ❑ Speech Pathology (adult or paediatric 0-6yrs)
- ❑ Stomal Therapy
- ❑ Wound Management

Reason for Referral:

Relevant Past Medical History:

Social History:

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Funding Information:

Medicare	Medicare Number:	Medicare Expiry:
Pension	Pension Type:	Pension Number:
Concession	Concession Type:	Concession Number:
My Aged Care	My Aged Care ID:	

My Aged Care referral in progress
My Aged Care referral declined

Home Care Package - Level 1-2

Home Care Package - Level 3-4 (Eligible services: Podiatry & Continence - Service agreement required)

NDIS Client (Eligible services: Dietetics, Continence, & Stomal Therapy - Service agreement required)