South West Healthcare

Community Health,
South West Healthcare
140 Manifold Street
Camperdown VIC 3260

Community Health Referral

ABN: 41189754233

Tel: (03) 5557 0900
Fax: (03) 5593 2010
Email:camintake@swh.net.au

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

Referrer Details:		**Date:**
Doctor Name:		Provider Number:
Practice Name:		
Practice Address:		
Phone:	Fax:	Email:
Doctor's Signature:		

Patient Details:

South West Healthcare UR No (if known):

Surname: Given Name:

Date of Birth: Gender:

Address:

Home phone: Mobile phone: Email:

Carer / Next of Kin: Carer /NOK Phone:

Is the patient of Aboriginal or Torres Strait Island descent: ☐ No ☐ Yes

Service requested

- ☐ Cervical Screening (Lismore ONLY)
- ☐ Community Health Outpatient Clinic (Lismore ONLY)
- ☐ Continence
- ☐ Diabetes Management
- ☐ Dietetics
- ☐ District Nursing (Lismore ONLY)
- ☐ Early Intervention Program (chronic disease)
- ☐ Exercise Groups
- ☐ Exercise Physiology
- ☐ Falls & Balance
- ☐ HARP (Chronic and Complex Care Coordination)
- ☐ Occupational Therapy (adult or paediatric 0-6yrs)
- ☐ Pathology / ECG (Lismore ONLY)
- ☐ Physiotherapy
- ☐ Podiatry
- ☐ Social Support Group
- ☐ Social Work & Counselling
- ☐ Speech Pathology (adult or paediatric 0-6yrs)

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:	

☐ Home Care Package - Level 1-2

☐ Home Care Package - Level 3-4

☐ NDIS Client