

GP Social Work Connect Referral Form



Referring Health Practitioner Details:					
Name		Phone		Fax	
Practice/ Organisation		Practice Address			

Consumer Details:			Referral Date		
Family Name		First Name(s)		Preferred	
Date of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Address		Email			
Phone		Mobile			
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Compensation payments <input type="checkbox"/> Part Time <input type="checkbox"/> Other pension or benefit <input type="checkbox"/> Other, please specify			Birth Country	
Is the client	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		Refugee Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown	
First Language		Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Level of English	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> Unknown				

Eligibility Criteria & Referral Request – two (2) of the following must be present:
<input type="checkbox"/> Yes - Client has chronic and/or complex health care conditions <input type="checkbox"/> Yes - Client has had recent hospitalisation(s) and is at risk of re-presenting without supports activated <input type="checkbox"/> Yes - Client is experiencing difficulty navigating and accessing support services <input type="checkbox"/> Yes – A carer who requires support and assistance

Clinical Information:		
Primary Diagnosis	Reason for Referral	Other Services Involved
		(e.g. Meals on wheels)
Current Medication		

Who PCCS Can Contact, if Necessary (e.g. Carer, parent, next of kin, guardian, friend, emergency contact, case manager, support worker)		Health Practitioner Consent
Name		<input type="checkbox"/> Yes The patient or their legal guardian has indicated their willingness to participate in GP Social Work Connect
Phone	Relationship	

Please submit this form with any accompanying documentation by fax to 02 9477 8799

If you have any enquiries please call 02 9477 8700