



Referral to:
Integrated Team Care Program
Aboriginal Health Service NSLHD

Fax (02) 9462 9083

Or scan and email to:

Ruby van Kool, Integrated Team Care (ITC) Program Manager, Aboriginal Health Service Northern Sydney LHD
Level 3 Community Health Building, RNSH
PH: 9462 9012 | Mob: 0419 485 02 | Email: Ruby.VanKool@health.nsw.gov.au

Thank you for seeing:

| | | | |
|--------------------|-------|----------------------|-------|
| Client Name | _____ | Date of Birth | _____ |
| Address | _____ | Suburb | _____ |
| Home Phone | _____ | Mobile | _____ |
| Email | _____ | | |

| My client fulfills this criteria (Please tick) | |
|--|--|
| <input type="checkbox"/> | Identifies as Aboriginal and/or Torres Strait Islander and has given me verbal or written consent to participate in this program and his/her GP Management Plan is attached. |
| <input type="checkbox"/> | Has a chronic condition including but not limited to Cancer, Cardiovascular disease, Diabetes, Renal disease, Respiratory disease and mental health condition. Chronic disease must be in in a severe form. |
| Please identify Chronic disease condition below | |
| <input type="checkbox"/> | I have attached clients GP Management Plan and or Team Care Arrangement. |
| <input type="checkbox"/> | I have attached relevant clinical history including current medications. |
| Referring GP | Date |
| GP Phone number | |
| Comments on Patients Condition | |
| | |

I acknowledge and pay my respects to Aboriginal and Torres Strait Islander people past, present and future as custodians of all Country in Australia