



Care Coordination Service for Older Patients

GP REFERRER DETAILS			Date of Referral	
Referrer Name			Last Name	
GP Practice				
Address				
Phone No.			Email	
Fax No.			HealthLink EDI	
PATIENT DETAILS				
First Name			Date of Birth	
Last Name			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unstated
Address				
Home Phone			Email	
Mobile Phone			Consent to referral	<input type="checkbox"/> YES <input type="checkbox"/> NO
ELIGIBILITY CRITERIA / REFERRAL REASON				
Patient must satisfy two (2) or more of the following:				
1) <input type="checkbox"/> Yes, 75+ yrs old and frail. Residing in Hornsby, Ku-ring-gai or Ryde council areas				
2) <input type="checkbox"/> Yes, living with three or more chronic health conditions/comorbidities.				
3) <input type="checkbox"/> Yes, would benefit from Care Coordination support to reduce risk of admission to hospital.				
Key Issues Identified (e.g., no current supports at home, no community care supports in place, multiple follow-up appointments need to be organised, home environment may need review, assistive equipment required, etc.)				
ADDITIONAL CLIENT INFORMATION				
Country of birth			Main language spoken at home?	
Aboriginal	<input type="checkbox"/> YES <input type="checkbox"/> NO	(If needed-tick both)	Communication support required? (Please provide details)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Torres Strait Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Benefits, please specify:			
Are there any risk factors we should be aware of when visiting the home/client?	<input type="checkbox"/> NO <input type="checkbox"/> YES - please specify or attach existing risk assessment if available.			
ASSOCIATED DOCUMENTS				
1) <input type="checkbox"/> Yes, I have attached the Patient's Health Summary (if available)				
2) <input type="checkbox"/> Yes, I have attached the Patient's Care Plan (if available)				
OFFICE USE ONLY Date: <input type="checkbox"/> Accepted <input type="checkbox"/> Referral not accepted, reason:				