

GENERAL PRACTITIONER REFERRAL FORM

STAYING HEALTHY LIVING WELL PROGRAM –

A CESP HN initiative free of charge to patients delivered by Feros Care



An Australian Government Initiative



PROVIDER DETAILS:

<input type="checkbox"/> Patient has GPMP (item 721 or review item 732) AND TCA (item 723 or review item 732)
<input type="checkbox"/> GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)
Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

PATIENT DETAILS:

Title:		Surname:	
Given name:		Medicare No:	
		Patient Reference No:	
Address:		Home Phone:	
		Mobile:	
English Spoken: (this service is only available to English speaking patients)	Date of Birth:	Sex:	
CLINICAL INFORMATION:			
<p>I would like your assistance in developing an appropriate Health Literacy and Wellbeing Action Plan program specific to their current medical, physical or other needs.</p> <p>I would like to draw your attention to this patient's current medical condition:</p> <p>Medical History List:</p> <p>Current Medication:</p> <p>Blood results:</p> <p>In my opinion, the above patient is suitable to participate in the Staying Healthy Living Well Program; however, I understand that you will undertake an assessment to ensure the action plan meets their current health needs.</p> <p>I would appreciate a summary of your recommendations being forwarded to me after the first and last service, and more often if clinically necessary.</p> <p>REFERRING GENERAL PRACTITIONER SIGNATURE:</p> <p>REFERRAL DATE:</p> <p>Doctor Name Provider No.:</p> <p>Doctor Address Phone:</p>			

Referral can be sent to: HealthLink EDI :ferosths
Email: SHLW@feroscare.com.au
Or call 1300 019 975 for further information.

Fax: 1300 850 770