

Referral Form: Aboriginal Outreach Worker

Referral Guidelines

1. This form is for referral of an individual to the CESP HN Aboriginal Health and Wellbeing Outreach Program.
2. Reasons for referral can include: assistance to access specialists or allied health appointments, assistance to access transport services, assistance to access diagnostic appointments, information on health services etc.
3. The Outreach Worker will confirm receipt of this referral and then contact the individual directly.
4. Please fax this form to (02) 8752 4978 (secure fax) or post to: Integrated Team Care – Aboriginal Health and Wellbeing Program, CESP HN, Level 3, 15 Kensington St, Kogarah NSW 2217, marked **CONFIDENTIAL**

Client Information

Client Name: **Date of Referral:**

Address:

E-Mail: **Telephone:**

Referral Information

Name:

e-mail: **Telephone:**

Reason for Referral:

Additional Details:

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For further information, please contact the office directly and ask to speak to a member of the Aboriginal Health and Wellbeing Program Team on 9330 9981

For Office Use Only

Date Received:

Date Contacted:

Outcome: