

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 1300 067 747.

If you have any enquiries please call (02) 9477 8700.