# RURAL PRIMARY HEALTH SERVICE (RPHS) REFERRAL FORM

RHEALTH
Your Health Our Health

**Please complete all sections and:**

**Fax to (07) 4151 0794 or email: services@rhealth.com.au**

## Client Details:

| | |
|---|---|
| **Name** | |
| **Address** | |
| | |
| | |
| **Phone** | |
| **Mobile** | |

DOB ……/……./…….
☐ Male ☐Female ☐Other
☐ Aboriginal
☐ Torres Strait Islander
☐ CALD

***Does the patient have a:***
☐ **Current** Health Care Card
☐ **Active** My Health Record

**Mandatory**
Patients living in RA 3-5 Areas with Chronic Disease, or risk of diagnosis. Current Health Care Card.

| | | | |
|---|---|---|---|
| **Chronic Disease Patient being referred for:** *Please tick all relevant to patient | ☐ Asthma | ☐ Arthritis | ☐ Cardio Vascular Disease |
| | ☐ COPD | ☐ Obesity/Overweight | |
| | ☐ Diabetes | ☐ Other: | |
| **Medical Reason for Referral** | | | |
| **Individual** | | **Group (Exercise Physiology – Gin Gin only)** | |

***PLEASE ATTACH GP MANAGEMENT PLAN / TEAM CARE ARRANGEMENT****

**Other Supporting Information attached:**

☐Health Summary
☐Previous Medication/Surgical History
☐Current Medications
☐Pathology Results – Biochemistry (incl. HbA1c, Lipids, Urine Albumin, renal and liver function tests)

## Allied Health Service (please tick all appropriate services required)

| Location | Diabetes Education | Dietitian | Exercise Physiology | Physiotherapy | Podiatry |
|---|---|---|---|---|---|
| Biggenden | | | | | |
| Eidsvold | | | | | |
| Gayndah | | | | | |
| Gin Gin | | | | | |
| Monto | | | | | |
| Mundubbera | | | | | |

*Practice Stamp / Details*

Referred by: ☐GP ☐PN ☐RN ☐AHP

Signature: ……

Date: ……/……../……..

**OFFICE USE ONLY:**
Referral Entry: Date: ……... UI: ……..