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 ……/……../…….
Gender ☐ Male
☐Female
☐ 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.			
Chronic Disease Patient being referred for: ***Please tick all relevant to patient**	☐ Asthma ☐ COPD ☐ Diabetes	☐ Arthritis ☐ Obesity/Overweight ☐ Other:	☐ Cardio Vascular Disease
Medical Reason for Referral:			
Group Session **Individual Session**		**Does this Client have a *My Health Record*?**	**Y or N**

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

Other Supporting Information attached:

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

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: ……..