

# COMMONWEALTH RESPITE AND CARELINK CENTRE

**FREECALL™ 1800 052 222**

\* Calls from mobile phones will be charged at applicable rates

## General Practitioner Referral Form

To: Information and Intake Team

Date: \_\_\_\_\_

Fax: (02) \_\_\_\_\_

(Please contact your nearest centre on 1800 052 222 for their local FAX Number).

From: \_\_\_\_\_

No pages: \_\_\_\_\_

### Referrer Details

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Patient / Carer Details

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ DVA Cardholder:  Yes  No

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pension:  Yes  No

Does this person have a carer?  Yes  No Does this person care for someone?  Yes  No

### Consent to Provide Information

Is the patient aware of this referral?  Yes  No

Does the patient give permission for their personal details to be provided to the Commonwealth Respite and Carelink Centre?  Yes  No

### Details of Referral

Please indicate below the type of services on which further information is required:

Help at home  Respite  Carer support  Transport  Home modifications

Personal care  Social support  Allied health  Information support

Other (comments) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Referral Response Process

Please provide the required information to the:  Patient/Carer or  Referee

Via:  Phone  Fax  Email  Post

Please make referrals to the appropriate services on behalf of the patient or carer.