**Telephone Referrals: 08 92420347 (Mon – Fri, 9am – 5pm), Facsimile Referrals: 1300 601 788**

**Email Referral: screferrals@silverchain.org.au**

**Criteria for Primary Care at Home Referral**

* Physical health concerns or problems that are not being addressed.
* No regular General Practitioner or difficulty accessing a General Practitioner.

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| --- | --- |
| Client Name: |       |
| Client Date of Birth: |       |
| Client Address: |       |
|       |
| Client Contact Number: |       |
| Referrer Name and Organisation: |       |
|       |
| Referrer Contact – Phone: |       |
| Referrer Contact – Email: |       |
| Key Concerns/Other Useful Health Information |       |
|       |
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| **Environmental Risk:** |
| Where will this client be seen? | Clinic [ ]  Home [ ]  |
| Do you have Case workers who visit this client alone? | Yes [ ]  No [ ]  N/A [ ]  |
| Are there any concerns in relation to the client’s behaviour or environment they may compromise the safety of our staff? | Yes [ ]  No [ ]  |

If Yes, please comment:

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