**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.

|  |  |  |
| --- | --- | --- |
| 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 |  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **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:

|  |
| --- |
|  |