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REFERRAL FORM
SOUTH EASTERN MELBOURNE
CARE COORDINATION SUPPORT SERVICE

Referral Guidelines

1. Please complete all sections of this form and return to Silverchain via email to SCReferrals@silverchain.org.au
2. All sections are mandatory fields
3. For referral enquiries, please phone: **1300 300 122**
4. For general enquiries, please phone: 1300 650 803

Initial reason for referral:	**Referral date:**
Referral source: ☐ General Practice (Name): ☐ Pharmacy (Name):	

REFERRER DETAILS

REFERRER NAME:	Address:	
Telephone:	Suburb:	Postcode:
Mobile:	Email:	

PATIENT DETAILS

FAMILY NAME:		GIVEN NAMES:	
Address:			Suburb:
Postcode:	Medicare Number:		D.O.B (Date of birth):
Gender:	Mobile no.:		Home phone:
Email:			Does the patient live alone? ☐Yes ☐No
Country of Birth:	Preferred Language:		Interpreter required: ☐Yes ☐ No
Does the patient work? ☐Yes ☐No	Have a Health Care Card? ☐Yes ☐ No		Is the patient a main carer? ☐Yes ☐ No

Does the patient have a partner? ☐Yes ☐No	If yes, partners full name:
Does the patient have a carer? ☐Yes ☐No	If yes, carers full name:
If yes, is the carer related? ☐Yes ☐No	Partner or Carers contact phone number:

Is the patient Aboriginal or Torres Strait Islander? (Please tick one of the following)

☐ Yes – Aboriginal
☐ Yes – Torres Strait Islander
☐ Yes – Both Aboriginal and Torres Strait Islander
☐ No
☐ Not stated
☐ Does not identify

REFERRAL DETAILS

The patient is considered to have limited access to multidisciplinary care due to: (Please tick all that appl)

☐ English not First Language
☐ Financial Barriers
☐ Health / Medical Barriers (mental health or chronic condition or cognitive impairment or complex medical history)
☐ No regular General Practitioner
☐ No regular Pharmacist
☐ Patient has exhausted Medicare Team Care Arrangements - Allied Health Visits
☐ Refugee
☐ Social / Cultural Barriers
☐ Transport / Physical Access Limitations

Does the patient have a Chronic Disease? (Please tick one of the following)

☐ No
☐ Yes. *If yes what is the Chronic Disease:

Current Management: (Please tick all that apply)

☐ Unknown
☐ GP Management Plan
☐ Aboriginal and Torres Strait Islander Peoples Health Assessment
☐ NMMP (National Medication Management Plan)
☐ Mental Health Treatment Plan
☐ Health Assessments
☐ Team Care Arrangements
☐ HRM (Home Medicines Review)

Additional information (relevant medical history or chronic condition or impairment or complexity):

☐ **Patient has given consent to be contacted by the Care Coordination Support Service**

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PATIENTS ELIGIBILITY AND EXCLUSION

Eligible patients:

- Reside in the specified Local Government Areas (LGAs) – City of Frankston and the City of Greater Dandenong
- People over the age of 18 years with/without a chronic disease and identified as at risk of hospital admission and presentation to Emergency Department (ED), particularly in the After-Hours period by Community Pharmacies and/or General Practices (GPs) for reasons that may include any of the following:
    - If known - Disengaged from primary health and have been recently discharged from hospital or ED (Frequent attendees) and not involved in any other program, at risk of reattendance at ED in the After Hours or admission to hospital
    - Have two or more chronic conditions
    - Have one or more chronic conditions and are from one of the following priority groups:
        - Aboriginal or Torres Strait Islander
        - At risk of homelessness
        - Culturally and Linguistically Diverse (CALD)
        - Refugee
        - Have a Mental Health condition
    - If known - who attend EDs frequently or risk of attending EDs often
    - If information known -has had a minimum of 2 potentially avoidable hospital admissions in one current year
    - Not attending clinical and non-clinical appointments
    - Displays tendency to medicalise their social issues (examples; increased dependance on medical care or the increased use of prescription medication and/or substance dependance).

Excluded patients:

- Current recipient of HARP (Hospital Admission Risk Program).
- People receiving post discharge services from any Local Hospital Network that would replicate contracted program services.
- DVA (Department of Veterans Affairs) Gold and White card holders.
- Reside in a residential aged care facility.
- Current recipient of palliative care services.
- Recipient of NDIS (National Disability Insurance Scheme).
- On Workcover / Transport Accident Commission
- People not residing in the targeted LGAs of the City of Frankston and City of Greater Dandenong.
- People already receiving similar services from the Respondent (provider)

TIPS TO COMPLETE THIS REFERRAL FORM

- Ensure the patient is aware of referral being made to Care Coordination Support Service
- Ensure that the patient has access to a telephone and include all phone numbers in **patient details section**
- Ensure that all the relevant limited access to multidisciplinary care due are ticked in **referral details section**
- Please include any relevant details in the **Additional information section** or as an attachment
- Please advise in the **Additional information section** if the patient is involved with:
    - Pharmacy support
    - Specialist care service
    - Palliative Care
    - Oncology

FURTHER INFORMATION

For referral enquiries, please phone: **1300 300 122** or **email**: SCReferrals@silverchain.org.au

For general enquiries, please phone: **1300 650 803** and ask for Care Coordination Support Service (South Eastern Melbourne)

Silverchain: https://www.silverchain.org.au/

South Eastern Melbourne Primary Health Network: https://www.semphn.org.au/