# Care coordination for patients with chronic health conditions

**Team Care Coordination is a free service delivered by clinical nurses who work with patients to:**

- provide disease, health and community service information
- coordinate health, community and social support services, including My Aged Care and NDIS navigation support
- support the communication between patients, service providers and health professionals.

## How GPs refer

- gain patient's verbal consent
- send completed referral and health summary to Team Care Coordination by either:
  - **eReferral: via secure messaging to teamcare (MM4030000FT)**
  - **Fax: secure fax to 07 3630 7808**

## Eligibility

Patients are eligible if they:

- have at least one or more chronic complex medical condition
- live in the Metro North catchment
- are living independently in the community (not in a residential care facility)
- are not receiving other comprehensive support packages or end of life palliative care services.

## eReferral templates

eReferral templates can be imported from **www.brisbanenorthphn.org.au**

## For more information

Phone our Service Navigator on **1800 250 502**

Team Care Coordination is managed by Brisbane North PHN and is supported financially by Metro North Hospital and Health Service.

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