

# Team Care Coordination

## Community Referral Form

### Referral Form for Community Providers Only

Please fax referral to Team Care Coordination Fax 07 3630 7808 or via secure email Mimecast.

Team Care Coordination program is a free service for people living with long-term chronic health conditions. The program aims to improve people’s self-management and quality of life that supports them to remain living well at home. Our Clinical Nurses liaise with the patients GP, hospital and other community services to assess the person’s healthcare needs and coordinate services.

#### Referral information

<b>Referral date:</b>	
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#### Eligibility

Client is eligible for Team Care Coordination if all answers in this section are YES. Please indicate your answer below.

Does the client live in the North Brisbane and Moreton Bay region?	Yes	No
Is the client aged 18 years and over?	Yes	No
Does the client have one or more long-term chronic health conditions?	Yes	No
Does the client require ongoing support and coordination of health and community services?	Yes	No

#### Ineligible for Team Care Coordination

Client is not eligible for Team Care Coordination if **any** answers in this section are YES. Please indicate your answer below.

Is the client living in residential aged care?	Yes	No
Does the client require equipment only?	Yes	No
Is the patient receiving end of life palliative care services?	Yes	No

#### TEAM CARE COORDINATION®

Post PO Box 845, Lutwyche QLD 4030 Web [www.brisbanenorthphn.org.au](http://www.brisbanenorthphn.org.au) Phone 1800 250 502 Fax 07 3630 7808

### Client details

First name		Surname	
Address			
Phone		Mobile	
Date of birth		Medicare number	
Contact Person		Phone	
GP name			
GP practice name			
GP address		GP phone	
Medical history			

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Other referrals made			
Services already in place			
Referrer name		Designation	
Department		Company Name	
Phone		Fax/Email	

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<p>Specific help required for this client</p>	
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Patient Consented to referral?	Yes	No
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Please attach any medical or discharge reports with referral, by sending patient information to Team Care Coordination it is acknowledged the patient has verbally agreed to this referral.

**Brisbane North PHN prefers to use secure messaging and secure faxing to safeguard personal information against unauthorised access, use, modification or disclosure.**