

# Team Care Coordination

## Staying Healthy, Staying Home

Referral Form

**Please fax referral to Central Referral Unit:** Fax 07 3360 4822

Team Care Coordination is a program for people with complex chronic health conditions. Our Team Care Coordinators are registered nurses with a wealth of local experience. They 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

Patient 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

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

Is the patient living in residential aged care?	Yes	No
Does the patient 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

### Patient details

First name		Surname	
Address			
Phone		Mobile	
Date of birth		Hospital UR	
Medicare number			
Contact Person		Phone	
GP name			
GP practice name			
GP address		GP phone	
Patient medical history			

Reason for admission			
Admission date		Discharge date	
Other referrals made			
Services already in place			
Referrer name		Designation	
Department		Hospital name	
Phone		Fax	

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<p>Specific help required for this patient</p>	
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Please indicate your answer below.

Discharge Summary attached	Yes	No
Patient Consented to referral	Yes	No

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.**