

Team Care Coordination

Staying Healthy, Staying Home

Referral Form for Queensland Health staff only

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

Referral date:	
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Eligibility

Patient is eligible for Team Care Coordination if **all** answers in this section are YES. Please tick or highlight to indicate your answer below.

Does the patient live in the North Brisbane and Moreton Bay region?	Yes	No
Is the patient aged 18 years and over?	Yes	No
Does the patient have one or more long-term chronic health conditions?	Yes	No
If the primary referral reason is mental health, is the patient currently connected with a psychologist, psychiatrist, or other mental health professional?	Yes	No
Does the patient 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 tick or highlight to indicate your answer below.

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

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Is the patient receiving end of life palliative care services?	Yes	No
Does the patient require support with a NDIS application or OT functional assessment?	Yes	No

Patient details

Given names		Surname	
Address			
Phone		Mobile	
Date of birth		Hospital UR	
Medicare Card Number		Medicare ID/Expiry	
Sex	Male Female Other		
Contact Person		Phone	
Living Circumstance	Lives alone Lives with Family Lives with Other RACH (Residential Aged Care Home) Unknown	Marital Status	Never Married Widowed Divorced Separated Married (registered and de-facto) Not stated
Country of Birth		Language at Home	
Interpreter required?	Yes No		
Aboriginal &/or Torres Strait Islander Status	Neither Aboriginal or Torres Strait Islander Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander Not stated		

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GP name			
GP practice name			
GP address		GP phone	
Patient medical history			
Reason for admission			
Admission date		Discharge date	
Other referrals made			
Referral to My Aged Care	Yes No If yes, date patient referred?		
Services already in place			
Risk to staff safety (Client/Environment)	Yes No		
Referrer name		Designation	
Department		Hospital name	
Phone		Email & Fax	
Referrer consent for feedback/updates for this referral from TCC via secure email or fax	Yes No		
Specific help required and			

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patient's goals/outcomes	
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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.