Chronic Conditions –
Darling Downs and West Moreton PHN Funded Services Referral Form

Referral for intake into Darling Downs and West Moreton PHN Chronic Conditions Services requires patient consent for Data Collection

SECTION ONE (1)

Referring Doctor Details	**Referring Doctor Signature**
Provider:	**Practice Name:**
Phone:	**Address:**
Date of Referral:	**Fax:**

Patient Details

Name:	**Date of Birth:**
Address:	**Age:**
Gender:	**My Health Record number:**
Home Phone:	**Mobile Phone:**
Is the person of Aboriginal or Torres Strait Islander origin?	**Is this person from a culturally and linguistically diverse background?**
Aboriginal Yes No	Yes No
Torres Strait Islander Yes No	

SECTION TWO (2)

Eligibility Criteria

Can the patient access this service through any of the following means?
If yes, the patient is NOT ELIGIBLE to receive services under the PHN Chronic Conditions Program.

Private health insurance DVA NDIS Can afford to pay privately

Does the patient have a GP Management Plan?

Yes – attached with this referral (required if eligible) Not Eligible for GPMP

If yes, are there team care arrangements in place?

Yes – attached with this referral (required if eligible) Not eligible for TCA

Has the patient used all available Medicare eligible chronic disease visits under their TCA?

Yes

No – **Client is not eligible for referral under this program until all Medicare eligible visits have been utilised**

Please indicate the patient's eligible chronic condition and/or risk factor/s (select all that apply):

Arthritis Cardiovascular disease Chronic pain Diabetes

Obesity Physical inactivity Respiratory disease

SECTION THREE (2)

Type of Service Requested: Please review Darling Downs and West Moreton PHN Services Map for a list of current providers in your region.

Preferred Darling Downs and West Moreton PHN-Funded Provider Name:

Dietetics Diabetes Education Exercise Physiology

Occupational Therapy Physiotherapy Podiatry

Other, please specify (e.g., healthy living group, wellness coaching)

Presenting Problem/Diagnosis

Please provide a brief description of the person and reason(s) for referral or attach a medical summary including comorbidities and a list of current medications:
Patient-Centred Outcomes/Goals
Please provide a brief description of the patient-centred goals/outcomes to be achieved from this referral:

Referrals can be faxed directly to the selected provider or sent via secure electronic messaging, if available.
Detailed provider contact information and referral details can be found via the Services Map on the Darling Downs and West Moreton PHN website.

For more information contact the Senior Program Officer, Chronic Conditions Program on 07 4615 0900.

Acceptance of PHN Service and Consent to Use Personal Information

I, ____ understand that this referral is for a Darling Downs and West Moreton PHN funded service for myself/dependent

____.
(write name if completing as a guardian or parent)

- To receive this service, I consent to specific information being collected and utilised for referral purposes and health service navigation and access. This information is required for the Department of Health to enable ongoing performance evaluation of the service.
- Information collected will include information from Section 1 of this form, type of service covered by the referral and quantitative measures of service outcomes.
- Collated data will be de-identified by the Darling Downs and West Moreton PHN commissioned agency prior to analysis and reporting.

Patient Signature: ____ Date: _______

Parent/Legal Guardian Signature: ____________________________________ Date: _______

Darling Downs and West Moreton PHN is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy.

Darling Downs and West Moreton PHN and subcontracted agencies and providers are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which set out a number of principles concerning the protection of your personal information.