

Goldfields & Northern Goldfields Integrated Chronic Disease Care (ICDC) Referral Form

Section A: Please complete for all referrals

Referrer Details:

Name: _____ Phone: _____
 Practice: _____ Mobile: _____
 Practice address: _____ Fax: _____
 Email: _____

Client Details

Name: _____ Phone: _____
 Address: _____ Mobile: _____
 Date of Birth: _____ Medicare no: _____ Ref: _____
 Client identifies as Aboriginal CALD Pension/Health Care Card no: _____

Section B: Complete for referral to ICDC Care Coordinator

Chronic disease details

- Patient has diabetes/pre-diabetes/GDM (please complete below)
- Patient has AUSDRISK ≥ 12
- Patient has chronic respiratory disease

Allied health services recommended

- Asthma educator Dietitian
- Diabetes Educator Podiatrist
- Exercise Physiologist

- Patient requests/requires access to Telehealth

Section C: Complete for diabetes/pre-diabetes/GDM diagnosis

HbA1c $\geq 6.5\%$ on two separate occasions
OR
 OGTT fasting $\geq 5.1\text{mmol/L}$ 2 hours $\geq 8.5\text{mmol/L}$
OR
 Fasting BSL $\geq 5.1\text{mmol/L}$

High risk of diabetes – AUSDRISK SCORE

This activity is targeted at vulnerable or disadvantaged populations including those in remote areas. The aim of this activity is to improve the health of eligible individuals in the Country WA Central and Northern Goldfields region who have chronic diabetes or respiratory conditions. Clients not eligible for the ICDC program will be advised prior to their appointment of any applicable Fee for Service (FFS).

- The above client has given consent to be contacted by the ICDC Care Coordinator to plan future multidisciplinary care, including telehealth where appropriate

GP Management plan AND relevant pathology results attached

Patient's Signature: _____ Date: _____

Referring Practitioner's Signature: _____ Date: _____

Fax to: 360 Health + Community – 6270 4428

Please ring 9080 0400 for appts.