

NBMLHD Community Health Services

Client Registration & Request for Service GP Fax Form

Phone **1800 222 608** Between 0900 and 1600 Monday to Friday

Fax **4732 9485** (24 hours)

Chronic and Complex Care (CACC) Child & Family Health (C&FH)
 HealthOne

Title	Last Name	Alias/Previous Name	First Name
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate	Date of Birth _____	Country of birth _____	Indigenous status (Mandatory (Tick one of the following)) <input type="checkbox"/> Identifies as Aboriginal Origin <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither A/TSI <input type="checkbox"/> Identifies as Both A & TSI <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown
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Address _____ _____ _____ Postcode _____	Telephone Home: _____ Mobile: _____ Work: _____	Preferred Language Needs Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No
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Medicare Card Yes No **Medicare Card No** _____ / _____

DVA Card Yes No **Colour** _____ **DVA Card No.** _____ **Exp Date** / /

Current GP/LMO	Phone: _____	FAX: _____
Address:	Suburb:	P/Code:
Referrer: Y/N (if the answer is no)	Date of referral:	
Referrers contact details: _____		

Person for Contact:

Last name _____ First Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Parent/Guardian Full Name (for children 0-18yrs)
 _____ Phone: _____

Description of Presenting Issue / Problem

Service Requested:
NOTE: Request for medication administration requires GP/Medical authority

Relevant Medical history / investigations: Allergies; Current medications

Additional information to assist referrer to prioritise:

(CACC only) Falls Screen:			
1. Has the client had a fall in the last 12 months?	Yes	No	Unknown
2. Does the client take 4 or more medications?	Yes	No	Unknown
3. Has the client ever had a stroke or do they have Parkinson's disease?	Yes	No	Unknown
4. Does the client have any problems with their balance?	Yes	No	Unknown
5. Does the client need to use their arms to get up from a chair?	Yes	No	Unknown

Mobility aid (if any)

Safety Issues:
• DV:
• Aggressive Behaviour:
• Community Services reports/Known to Community Services:

Other alerts:
