

# GP Referral Form



Aboriginal Health

## WA Integrated Team Care Program

This program supports Aboriginal and Torres Strait Islander people with complex chronic care needs to improve self-management of their condition in partnership with their GP.

<b>Referring GP Details: (stamp accepted)</b>	
Name:	
Practice:	
Practice Address:	
Phone:	Fax:
<b>Patient Details:</b>	
First Name:	Date of Birth:
Surname:	Phone:
Residential Address:	Postcode:
Next of Kin/Alternate Contact:	Alternate Contact Phone:

### My patient meets ALL the criteria below (tick applicable):

- Is Aboriginal and/or Torres Strait Islander
- Has chronic health needs requiring complex and/or multidisciplinary care
- Has a chronic condition management plan

### Type of Chronic Disease Management Plan (attached)

- Current GP **Management Plan MBS721**

Interim referral options are accepted but a GPMP must be provided *within three months*

- Referral by non-usual GP or Remote Area Nurse (RAN) with an interim CDM care plan<sup>i</sup>, or
- Team Care Arrangements MBS723; or
- Current Aboriginal Health Check MBS715 and is registered for PIP IHI for CDM with referring practice<sup>ii</sup>

### Chronic Condition Details (tick applicable)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Chronic renal disease       | <input type="checkbox"/> Co-occurring mental health condition |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Chronic respiratory disease | <input type="checkbox"/> Cancer                               |
| <input type="checkbox"/> Other <sup>iii</sup>   |  |   |

Is another organisation already currently providing Care Coordination? If yes, specify:

.....  
*Eg. Aboriginal Community Controlled Health Service; ICDC Program; Aged Care Provider. Provide Client ID Number if available*

### NDIS and Aged Care:

Is the client registered for NDIS:  Yes  No  In progress

Is the client registered for Aged Care support:  Yes, Level (circle): 1 2 3 4  No  In progress

The ITC Program must not duplicate services for people eligible for a funded package.

### Reason/s for ITC Referral:<sup>iv</sup>

- Requires Supplementary Services support
- Requires Care Coordination support

**THE ITC PROGRAM IS ONLY ABLE TO PROVIDE SUPPORT RECOMMENDED IN THE GP CARE PLAN AND NOT AVAILABLE THROUGH OTHER MEANS.**

Comments:

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.....

### Patient Information and Consent

My GP has explained the purpose of this referral for the ITC Program; I give permission for my care plan to be shared with the ITC Provider; and for the ITC Provider to contact me to discuss how the ITC Program can support me in my care plan needs.

Patient signature: \_\_\_\_\_ GP signature: \_\_\_\_\_

Verbal consent (where signature not practicable<sup>v</sup>)  Date: \_\_\_\_\_



## WA ITC Providers

PERTH NORTH PHN (see Health Pathways for suburb list)				
Subregion	Service Provider	Contact	Fax	Secure messaging
North West	Arche Health	P: 08 9458 0505    Free call: 1300 182 820 E: aht@archehealth.com.au	08 9458 8733	MMEEx
North East	Moorditj Koort	P: 08 6174 7000 E: info@moorditjkoort.com.au	08 6174 7098	MMEEx
PERTH SOUTH PHN (see Health Pathways for suburb list)				
Subregion	Service Provider	Contact	Fax	Secure messaging
South West (Mandurah, Waroona, Murray (6213))	Nidjalla Waangan Mia (NWM) Operated by GP Down South	P: 08 9586 4580	08 6117 0489	HealthLink
South West	Moorditj Koort	P: 08 6174 7000 E: info@moorditjkoort.com.au	08 6174 7099 (Medina) 08 6174 7097 (Cockburn)	MMEEx
South East	Arche Health	P: 08 9458 0505    Free call: 1300 182 820 E: aht@archehealth.com.au	08 9458 8733	MMEEx
COUNTRY WA PHN				
Subregion	Service Provider	Contact	Fax	Secure messaging
Kimberley	Boab Health Services	P: 08 9192 7888 (Broome) P: 08 9168 2560 (Kununurra)	08 9192 7999 08 9168 2560	MMEEx
Midwest (South)	Geraldton Regional Aboriginal Medical Service (GRAMS)	P: 08 9956 6555	08 9964 3225	Communicare
Midwest (North)	GRAMS Gascoyne Outreach Service	P: 08 9947 2200	08 9941 2024	Communicare
Pilbara	Mawarnkarra Health Service Aboriginal Corporation	P: 08 9182 0851 E: mhsitc@mhs.org.au	08 9182 1055	Communicare
South West	South West Aboriginal Medical Service (SWAMS)	P: 08 9726 6000    Free call: 1800 779 000	08 9791 7655	Communicare
Wheatbelt (Central & Western)	Wheatbelt Health Network	P: 08 9621 4444 E: northam@wheatbelt.com.au	08 9621 2119	HealthLink
Wheatbelt (Southern, Coastal & Eastern)	Amity Health	P: 08 9842 2797 E: query@amityhealth.com.au	08 9842 2798	MMEEx
Goldfields	Hope Community Services	P: 08 9021 3069 (Kalgoorlie & Northern) P: 08 9071 5169 (South East Coastal) E: ITCAIStaff@hopecs.org.au	08 9021 8920 08 9071 5209	MMEEx
Great Southern	Amity Health	P: 08 9842 2797 E: query@amityhealth.com.au	08 9842 2798	MMEEx

### Forward completed ITC Referral Form, patient care plan and other relevant documents to ITC Provider preferably via secure messaging.

- <sup>i</sup> GP or RAN may submit an interim care plan (eg. carried out during a long consult) for patients without access to their usual GP. The plan must be comprehensive, relevant to client's CDM, and include recommended ITC support.
- <sup>ii</sup> Must be registered for the component of PIP IHI for patients with a chronic condition – not for PBS CoPayment alone.
- <sup>iii</sup> As per the MBS, an eligible condition is one that has been, or is likely to be, present for at least six months
- <sup>iv</sup> See ITC HealthPathways for further information: <https://wa.communityhealthpathways.org/65938.htm>
- <sup>v</sup> Verbal consent is a legal minimum requirement.

