GP Referral Form

WAPHA 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.

Referring GP Details: (stamp accepted)	
Name:	
Practice:	
Practice Address:	
Phone: Fax:	

Patient Details:	
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[i], or
- ☐ Team Care Arrangements MBS723; or
- ☐ Current Aboriginal Health Check MBS715 and is registered for PIP IHI for CDM with referring practice[ii]

Chronic Condition Details *(tick applicable)*

☐ Diabetes	☐ Chronic renal disease	☐ Co-occurring mental health condition
☐ Cardiovascular disease	☐ Chronic respiratory disease	☐ Cancer

☐ Other[iii]

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

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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:[iv]

☑ 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[v]) ☐ 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	MMEx
North East	Moorditj Koort	P: 08 6174 7000 E: info@moorditjkoort.com.au	08 6174 7098	MMEx

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)	MMEx
South East	Arche Health	P: 08 9458 0505 Free call: 1300 182 820 E: aht@archehealth.com.au	08 9458 8733	MMEx

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	MMEx
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	MMEx
Goldfields	Hope Community Services	P: 08 9021 3069 (Kalgoorlie & Northern) P: 08 9071 5169 (South East Coastal) E: ITCAllStaff@hopecs.org.au	08 9021 8920 08 9071 5209	MMEx
Great Southern	Amity Health	P: 08 9842 2797 E: query@amityhealth.com.au	08 9842 2798	MMEx

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

[i] *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.*

[ii] *Must be registered for the component of PIP IHI for patients with a chronic condition – not for PBS CoPayment alone.*

[iii] *As per the MBS, an eligible condition is one that has been, or is likely to be, present for at least six months*

[iv] *See ITC HealthPathways for further information: https://wa.communityhealthpathways.org/65938.htm*

[v] *Verbal consent is a legal minimum requirement.*