



ADULT REFERRAL FORM Community Health Services

Write legibly in black pen.

Eastern Health
Community Health Services

Please direct your referral to the appropriate service and site
All Queries: 1300 130 381

**** PLEASE DIRECT YOUR REFERRAL TO THE APPROPRIATE SERVICE ****

Healesville Hospital and Yarra Valley Health 377 Maroondah Hwy, Healesville 3777 2475 Warburton Hwy, Yarra Junction 3797 Phone: 1300 130 381 Fax: 5962 1458 communityhealth@easternhealth.org.au	Angliss Hospital Corner Talaskia Avenue & Edward St, Upper Ferntree Gully 3156 Phone: 9955 7435 Fax: 9955 1121 angliss.commhealth@easternhealth.org.au
<p><u>Individual Appointments for Adults</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Dietitian <input type="checkbox"/> Podiatry <input type="checkbox"/> Occupational Therapy <ul style="list-style-type: none"> <input type="checkbox"/> Home modifications <input type="checkbox"/> Equipment <input type="checkbox"/> Daily Activities and Community Accessibility <input type="checkbox"/> Diabetes Education (excluding Gestational Diabetes) <input type="checkbox"/> Women's Health Service – cervical screening, contraception, menopause <input type="checkbox"/> Tobacco Free Coaching <input type="checkbox"/> Respiratory nurse education <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Other : <input type="checkbox"/> Counselling – including grief, depression and family violence <input type="checkbox"/> Healthy Mothers, Healthy Babies - antenatal outreach program for vulnerable women <p><u>GROUPS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Managing Depression and Anxiety – 6 week course to help understand and navigate strategies to reduce the impact of stress and anxiety <input type="checkbox"/> Your Body, Your Way – (2 sessions) A non-diet approach to healthy eating, giving back freedom and enjoyment of food <input type="checkbox"/> Gentle Water Exercise (Healesville) – Low impact water exercise for older adults <input type="checkbox"/> Strength Training for Older Adults (Healesville & Warburton) – for those wanting to maintain strength and balance for ageing well <input type="checkbox"/> Tai Chi for Arthritis (Healesville) – appropriate for those with osteoarthritis and balance issues. Also to improve and maintain health and wellbeing <input type="checkbox"/> Mums and Babies exercise group (Healesville & Yarra Junction) – an exercise & education program for new mums (up to 5 months postnatal), wanting to return to exercise in a safe environment <input type="checkbox"/> Planned Activity Groups for Seniors – out and about groups for socially isolated older people 	<p><u>Individual Appointments for Adults</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Women's Health Physiotherapy (antenatal and up to 3 months postnatal) <input type="checkbox"/> Pool Hydrotherapy <input type="checkbox"/> Dietitian <input type="checkbox"/> Respiratory Physiotherapy <input type="checkbox"/> Tobacco Free Coaching <input type="checkbox"/> Respiratory nurse education <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Other : <p><u>GROUPS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Mums in Training exercise group - an exercise program for pregnant women run by a Physiotherapist <input type="checkbox"/> Mums and Babies exercise group - an 8 week exercise and education program for new mums (up to 5 months postnatal), wanting to return to exercise in a safe environment <input type="checkbox"/> Cardiorespiratory Maintenance Group- weekly exercise group for complex cardiorespiratory patients. Patients must have completed a Phase 2 exercise program and require further health coaching/self-management, or be awaiting lung transplant. <p style="text-align: center;">FOR PAEDIATRIC COMMUNITY HEALTH REFERRALS:</p> <p>Please contact us on 1300 130 381 for specific eligibility criteria for our children's services.</p> <p>For more details regarding services and eligibility criteria, please refer to: https://www.easternhealth.org.au/a-z-service-directory</p>
OFFICE USE ONLY	Referral received: _____ Referral acknowledged: _____



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Client Details

Name:

Date of Birth:

Country of Birth:

Address:

Suburb:

Post Code:

Phone:

Email:

Gender: Male Female X

Identify as Aboriginal / T.S Islander? Yes No

Refugee Status: Yes No

Interpreter Required? Yes No

If yes, preferred language?

Medicare Card Number: - - - - - / -

Private Health Insurance? Yes No

- Health Care Card
- Pension Card
- NDIS eligible
- My Aged Care

- DVA
- TCA
- Home Care Package

Reference No.

Reason for Referral

Presenting problem or diagnosis and the impact on the client? What does the client need?

Relevant Medical Information

Medical History & Medications: *Attached*

Relevant Test Results: *Attached*

Current risks: Falls Pressure Care Medication Allergies Malnutrition
 Living / Carer Situation Cognition Aggression Other

Other services involved (eg. specialists):

Referrer Details

Referrer name:

Organisation:

Contact Details:
(Please provide at least one form of contact)

Phone:

Fax:

Email:

Address:

Client consent obtained for referral? Yes (This is Required)

Date of Referral

How would you prefer to hear about the outcome of this referral?
(Eg. phone, email, written report?)



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