

ADULT REFERRAL FORM COMMUNITY HEALTH SERVICES

UR number: _____
 Surname: _____
 Given name: _____
 Date of birth: DD/MM/YYYY Sex: _____
 (Affix hospital ID label if available)

**** Please direct your referral to the appropriate service ****

The Community Health Program prioritises access to people with particular health needs. The program's eligibility and priority criteria target vulnerable populations with the poorest health and the greatest economic and social needs.

Community health cannot provide services for clients with:

- Home care package Level 3 or 4
- TAC
- DVA gold card holders
- Private health with extras
- Workcover / insurance clients
- NDIS eligible

- **If your client is My Aged Care registered, or over the age of 65yo (ATSI 50yo) and eligible for My Aged Care, please refer via My Aged Care**
- Please see eligibility criteria, income ranges and schedule of fees attached as an appendix to this form

Eastern Health Community Health

Phone: 1300 130 381 (Option 4)
 communityhealth@easternhealth.org.au

Healesville Hospital and Yarra Valley Health

377 Maroondah Hwy, Healesville
 3777 and

Upper Yarra Family Centre

2444 Warburton Highway
 Yarra Junction 3797

Community Rehabilitation Centre Angliss Hospital

Corner Talaskia Avenue
 & Edward St,
 Upper Ferntree Gully 3156

Individual appointments for adults

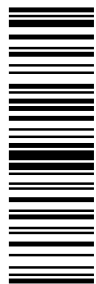
Please note: Not all services available at all sites

- Physiotherapy
- Women's health Physiotherapy (Angliss Only) (Antenatal and up to 3 months postnatal)
- Dietitian
- Podiatry
- Occupational Therapy
 - Home modifications
 - Equipment
 - Daily activities and community accessibility
- Diabetes education (Excluding gestational diabetes)
- Tobacco free coaching
- Respiratory nurse education
 - Asthma
 - COPD
 - Other (Confirmed respiratory diagnosis): _____
- Counselling
- Healthy mothers, healthy babies - *antenatal outreach program for vulnerable women*
- Advanced care planning

Groups for adults

Please note: Not all services available at all sites

- Mums in training exercise group – an online zoom based exercise program for pregnant women run by a Physiotherapist (Telehealth)
- Mums and babies exercise group - an online zoom based 8 week exercise and education program for new mums (Up to 5 months postnatal), wanting to return to exercise in a safe environment (Telehealth)
- The Better Metal Health Program – 6 week course to help understand and navigate strategies to reduce the impact of stress and anxiety (Telehealth & face to face)
- GLA:D (Healesville) – exercise program for clients living with knee and / or hip osteoarthritis (Telehealth & face to face)
- Strong & Steady (Healesville & Yarra Junction) – a 10 week strength and balance exercise group focussing on re-ablement (Telehealth & face to face)
- Activities of Daily Living Group – 4 week program to trial aids and equipment to assist with activities of daily living and pacing strategies (Telehealth & face to face)
- Planned Activity Group – a social support group for My Aged Care and Home and Community Care (HACC) clients



FEH090170

Allanby Press EH090170 18/01/23



ADULT REFERRAL FORM COMMUNITY HEALTH SERVICES

UR number: _____
Surname: _____
Given name: _____
Date of birth: DD/MM/YYYY Sex: _____
(Affix hospital ID label if available)

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: DD/MM/YYYY

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

For paediatric community health referrals

Please contact us on 1300 130 381 (Option 4) for specific eligibility criteria for our children's services.
communityhealth@easternhealth.org.au

For more details regarding services and eligibility criteria, please refer to:
<https://www.easternhealth.org.au/a-z-service-directory>

Community health fees by discipline – see APPENDIX 2

Communityhealth eligibility by discipline – see APPENDIX 3



FEH090170