



# Eastern Health

## 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 Option 4  
[communityhealth@easternhealth.org.au](mailto:communityhealth@easternhealth.org.au)

#### \*\* 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) 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](mailto: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 rehabilitation (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)



**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 Option 4  
[communityhealth@easternhealth.org.au](mailto:communityhealth@easternhealth.org.au)

**Client Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NOK/Carer Details: \_\_\_\_\_

NOK/Carer  
Phone: \_\_\_\_\_

Gender:  Male  Female  Other

Identify as Aboriginal / T.S Islander?  Yes  No

Refugee Status:  Yes  No

Interpreter Required?  Yes  No

If yes, preferred language? \_\_\_\_\_

Medicare Card Number: \_\_\_\_\_ / \_\_\_\_\_

Expiry date: \_\_/\_\_/\_\_

Health Care Card

Card Number: \_\_\_\_\_

Age Pension

Card Number: \_\_\_\_\_

Carer payment (pension)

Card Number: \_\_\_\_\_

Disability Support Pension

Card Number: \_\_\_\_\_

DVA Concession Card

DVA Number: \_\_\_\_\_

(White/Orange Card Only)

**Reason for Referral**

Presenting problem or diagnosis and the impact on the client? What does the client need? (If over 65yo or 50yo ATSI please refer via My Aged Care)

**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): \_\_\_\_\_



**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 Option 4  
[communityhealth@easternhealth.org.au](mailto:communityhealth@easternhealth.org.au)

**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?)

**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](mailto: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

Community Health Eligibility by Discipline – see APPENDIX 3



FEH090170



**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 Option 4  
[communityhealth@easternhealth.org.au](mailto:communityhealth@easternhealth.org.au)