

Client Withdrawal Form

Allied Health Access Project



If a referred patient:

- Does not engage in treatment within 20 business days from the date of issue of the referral to the Allied Health Provider
- Withdraws from the Blue Care Allied Health Access Project mid-treatment

Please complete and forward a copy of this form via fax/email to:

The patient's referring GP **and** Blue Care FAX: 07 3891 8042 or via Blue Care Sharefile

Date: _____

Patient Name/ PO No: _____

Allied Health Provider: _____

Referring GP: _____

Referring GP Practice _____

Date of Referral: _____

Number of Treatments Completed: _____ Number of 'Do Not Attends' _____

Patient informed that they should make an appointment to see their GP for a review:

Yes No

Discharge Summary attached to GP copy if appropriate: Yes No Not Applicable

Reason for withdrawal from Program (please tick ✓ or give other reason if known):			
Patient could not be contacted	<input type="checkbox"/>	Patient refused treatment	<input type="checkbox"/>
Patient referred elsewhere	<input type="checkbox"/>	Treatment incomplete but referral closed	<input type="checkbox"/>
Other:			

If you have any questions about the withdrawal of patients from this Program please contact the Blue Care Allied Health Access Project Manager PH: 07 3891 8058,

E: balledhealth@bluecare.org.au