

ADA Australia Aged Care Navigator Trial REFERRAL FORM

Fax completed form to ADA Australia: 07 3637 6001 or secure email to:

intake@adaaustralia.com.au

Eligibility criteria for re	Eligibility criteria for referrals:				
☐ People aged 65+ years (Aboriginal and Torres Strait Islander people aged 50+ years)					
☐ Aboriginal and Torres Strait Islander people					
☐ Culturally and linguistically diverse backgrounds					
☐ Lesbian, gay, bisexual, transgender and intersex people					
☐ Lives in rural or remote areas					
☐ Limited access to technology or limited computer literacy					
☐ Special website accessibility requirements, such as people who are vision impaired					
☐ Financially or socially disadvantaged					
☐ Socially isolated or at risk of social isolation					
☐ Homeless or at risk of becoming homeless					
☐ Disability					
☐ Complex medical condition/s					
Referrer Details			·		
Name of Referrer			Referrer Role:		
Practice Name:			Ph/Fax:		
			11,71 0211		
Patient Details					
Patient Name	ent Name		Postcode		
Gender			Age		
Phone Contact Detail	S	Carer/Patient	Phone Number:		
Carer/Patient Name:					
Interpreter Required?		Yes / No	Specify		
Consent for Referral	*	Must complete	Language		
Has consent been		wiust complete	Signature:		
provided for this		Yes / No	Signature.		
referral?		,			
Has consent been		Verbal/written	Date of consent:		
provided to access MAC					
information?			*		
Additional information *Please attach a patient health summary (if required)					
(ij required)					
Please note - Referrals will be accepted by any position within a general practice, community pharmacy or					

Please note - Referrals will be accepted by any position within a general practice, community pharmacy or allied health practice. This referral does not guarantee access to services and is based on availability and level of patient vulnerability. Referrals may be re-directed as part of the COTA Australia trials, or other local services that are more appropriate.