

SPECIALIST SUPPORT WORKER REFERRAL FORM

Fax completed form to Brisbane South PHN: 07 3864 7599

Eligibility criteria for referrals:

- People aged 65+ years (Aboriginal and Torres Strait Islander people aged 50+ years)

And meets one or more of the following (**please tick**):

- 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:	
Patient Details			
Patient Name		Postcode	
Gender		Age	
Phone Contact Details Carer/Patient Name:	Carer/Patient	Phone Number:	
Interpreter Required?	Yes / No	Specify Language	
Consent for Referral* Must complete			
Has consent been provided for this referral?	Yes / No	Signature:	
Additional information (if required)		*Please attach a patient health summary	

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 to information or community hubs as part of the COTA Australia trials, or other local services that are more appropriate.