







Aboriginal Health Worker - Referral Form

Referral date:		___/___/___	
GP details:			
Name			
Phone number		Email	
Practice name			
Practice street address			
Source of referral	<input type="checkbox"/> General Practice <input type="checkbox"/> Patient <input type="checkbox"/> Other		
Patient details:			
Surname		First name	
Date of birth	___/___/___		
Medicare Number			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
The patient identifies as	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander		
Residential address (including postcode)	Post Code:		
Phone numbers			
Other Contact Instructions			
The reason this person requires Aboriginal Health Worker services (<i>tick 1 or more as appropriate</i>)	<input type="checkbox"/> Poor compliance i.e. treatment <input type="checkbox"/> Not turning up for appointments <input type="checkbox"/> Not following up on referrals <input type="checkbox"/> Needs access to services <input type="checkbox"/> Not engaging with community <input type="checkbox"/> Assistance with health provider information		

Please fax completed form to: **02 4925 2268 OR**

Email to pcadmin@hunterprimarycare.com.au

We listen. Care. Connect.

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Aboriginal Health & Wellbeing | Disability & Wellbeing | General Health & Wellbeing | Mental Health & Wellbeing