Queensland Government

WIDE BAY HEALTH SERVICE

Rural Allied Health & Community Health Referral Form

P.O. Box 41 Gayndah Qld 4625
Ph: 4161 3571 Fax: 4161 3598
E-Mail: Gayndah-CH-AH@health.qld.gov.au

URN:_____

Name:_____

Address:_____

_____

Contact Number:_____

Date of Birth: _____/_____/_____ Sex: ☐ M ☐ F

Parent / Carer:_____

Administration Use Only: Initial Appointment Date: _____/_____/_____ Time: _____ ☐Letter Sent

Referral To:	**Referral Date:**
Referral From:	**Referral Time:**

C.C. Referral to the Rural Chronic Disease Support Service ☐Yes ☐No

Please tick: ☐ **EPC** ☐ **School aged** ☐ **DVA** ☐ **WorkCover** ☐ **Motor Vehicle Accident**

☐ Inpatient ☐ Aged care resident ☐ Outpatient Is consent given for referral: ☐Yes ☐No

Is consent given for feedback to referrer: ☐Yes ☐No Home visit required: ☐Yes ☐No

Previous contact with this service provider: ☐Yes ☐No Interpreter / IHW required: ☐Yes ☐No

Reason for Referral:

Onset:

Other services accessed:

Reported Medications:

Allergies/Alerts:

Referral form completed by:

Signature:	Designation:	Date:
Print Name:	Contact Number:	

DO NOT WRITE IN THIS BINDING MARGIN

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Queensland Government

WIDE BAY HEALTH SERVICE

Rural Allied Health & Community Health Intake Summary

URN:_____

Name:_____

Address:_____

_____

Contact Number:_____

Date of Birth: _____/_____/_____ Sex: ☐ M ☐ F

Rural Allied Health: Please attach this page to external referrals

Intake

Date referral received:

Rural Allied Health to Complete: Priority		**Please Tick**
Category # 1	Urgent, requires appointment within five working days	
Category # 2	Non-urgent and appointment desirable within 20 days	
Category # 3	Appointment provided to instruct in self-management activities and a date for review booked (Appointment not required within 20 days)	
Category # 4	Assessment & treatment not required (inappropriate referral which is redirected, or reason for referral resolved)	

Intake Officer:	Designation:
Signature:	Date:

CONTACT DOCUMENTATION - PRIOR TO INITIAL ASSESSMENT

DATE	**CONTACT SUMMARY**

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