KYABRAM DISTRICT HEALTH SERVICE

Office Use Only:
UR No. _ _ _ _ _ _ _

KDHS Ver. 3 March 2018

COMMUNITY HEALTH SELF-REFERRAL FOR SERVICES

Your personal details:

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Mx ☐ Other:	
* D.O.B:	Gender:
* Given name:	
* Family name:	
* Street address:	
	Postcode:
* Contact phone number: Home	Mobile
* Do you hold a current Medicare card?	☐ Yes _ _ _ _ _ _ _ _ _ _ _ _ - _ Expiry date: _ _/ _ _ ☐ No
* Do you hold a current Healthcare or Pension card?	☐ Yes _ _ _ - _ _ _ - _ _ _ _ ☐ No
Preferred medical practice:	
Preferred General Practitioner:	

Details marked with an asterisk (*) must to be completed

Please select what program/therapy:

Please tick one program/therapy each referral sheet

Programs

☐ Asthma Education Program	☐ Cardiac Rehab Group	☐ Happier, Healthier You Program
☐ Life! Program	☐ Men's Health Group	☐ Mums & Bubs Exercise Group
☐ Pulmonary Rehab Group	☐ QUIT Program	☐ Strength and Balance Group
☐ Tai Chi Group	☐ Yogatherapy	

Therapy

☐ Advance Care Planning	☐ Dietitian	☐ Exercise Physiology
☐ Occupational Therapy	☐ Speech Therapy	☐ Well Women's Clinic
☐ Women's Health & Continence Physiotherapy	For Social Work services, please complete COMMUNITY HEALTH SELF-REFERRAL - SOCIAL WORK	

Please complete and sign second page

COMMUNITY HEALTH SELF-REFERRAL FOR SERVICES CR/012

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COMMUNITY HEALTH
SELF-REFERRAL FOR SERVICES

What are your health concerns:
Please help us in helping you by giving us some details about your medical needs

☐ I currently have a NDIS package/in the process of creating an NDIS package

This form has been made for the community of Kyabram District Health Service for self-referring.
Clinicians and Nursing staff will need to complete a ConnectingCare referral or complete the following SCTT tools provided on the Health.Vic website (health.vic.gov.au).

- Consumer Information
- Referral Cover Sheet & Acknowledgement
- Summary & Referral Information
- Consent to Share Information

Practitioners are encouraged to complete a detailed referral letter with client's details.

Please sign and return this document to Kyabram District Health Service or email copy of this document completed to referrals@kyhealth.org.au

Signature		Date	