**INTERGRATED TEAM CARE REFERRAL FORM FAX: 0755963649 EMAIL:** telisha.sirriss@kawlun.com.au

**Referred By**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Role**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Is this client** Aboriginal  Torres Strait Islander  Both  **Does this client have a chronic Illness or at risk of** Yes  Continue No  Sorry does not meet criteria  **What is clients chronic Illness or at risk of** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | Sex | M  F  Other |
| **Given Name** |  | DOB |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | Street State  Suburb P/Code | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Phone Number** | Home | Work | Mobile |

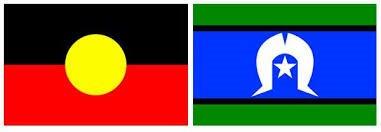
|  |  |  |  |
| --- | --- | --- | --- |
| **Next Of Kin** | Name: | Relationship: | Contact Number: |

|  |  |
| --- | --- |
| **Does this client have a GP Management Plan**  **Has this client had an Indigenous Health Assessment** | Yes  No  Not Known  Yes  No  Not Known |
| **Does this client have a Medicare Card** | Yes  No  Not Known |

|  |  |  |
| --- | --- | --- |
| **Does this client have a**  **regular/nominated GP** | No | GP Name Email  Yes  Practice Ph. Number |

Comments





**MAINSTREAM INDIGENOUS OUTREACH WORKER**

**ROLE OF INDIGENOUS OUTREACH WORKER**

Providing **TRANSPORT/SUPPORT** for **Aboriginal and Torres Strait Islander** mainstream clients whom have a chronic illness so they can attend Health Assessments, GP follow up appointments, specialist, allied health appointments, being admitted or (released from hospital depending on availability), community pharmacies and delivery of Webster packs.

**Chronic Illnesses or at risk - Cancer, heart disease, renal failure, asthma, diabetes,**

**Mental Health and Wound Care**

**Making sure clients are registered for Close The Gap (CTG) within their medical practice for cheaper or free medications.**

Increasing access to primary health care services for Indigenous Australians.

Provide practical assistance for Aboriginal and Torres Strait Islander people residing in the Gold Coast area to access appropriate care.

Encourage and support community members to self-identify with primary health services and to obtain current Medicare cards.

Foster collaboration and support between mainstream primary care services and the Indigenous health sector to achieve the best outcomes for Aboriginal and Torres Strait Islander patients.

Identify existing barriers experienced by the local Aboriginal and Torres Strait Islander community in terms of accessing primary health care.

Assist Clients that need to access the Care Coordination and Supplementary Services Program.

**Contact**

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**Outreach Worker**

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