

Health Contact Centre

SMoCC**Self-Management of Chronic Conditions service**

Supporting a healthier you

Referral Form

The Self Management of Chronic Conditions (SMoCC) service aims to improve the quality of life of participants by developing in them the self-management skills required to reduce the progression of their chronic condition and to support them to better navigate the health system.

(Affix identification label here)

URN:

Family Name:

Given Name(s):

Address:

Date of Birth:

Sex: M F I**Patient Details:**

Diagnosis:	<input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Coronary Heart Disease <input type="checkbox"/> COPD
Date of Discharge:	
Phone Number:	
Day/Time for call:	
Referrer:	
Health Practitioners Name:	
Referring Site/Facility:	
HHS:	
Comments:	
Consent:	<p>I have:</p> <ul style="list-style-type: none"> Given the patient a verbal explanation of the SMoCC service and a copy of the SMoCC brochure. Informed the patient that their personal information, including health information, will be provided to the Department of Health for referral to the SMoCC service. Informed the patient that the SMoCC service will contact them directly in relation to their referral and participation in the service. <p>Yes <input type="checkbox"/></p>
Send completed form to SMoCC by email SMOCC@health.qld.gov.au or fax (07) 3259 8534	

Personal information, including sensitive information, collected by the Department of Health is handled in accordance with the *Information Privacy Act 2009*. All personal information will be securely stored and only accessible by authorised officers of the Department. Personal information will not be disclosed to third parties without consent, unless required or authorised by law.

