Kerang t: (03) 5451 0200 f: (03) 5452 2486
Cohuna t: (03) 5451 0250
Boort t: (03) 5451 0200
Quambatook t: (03) 5457 1300
Pyramid Hill t: (03) 5455 7065

24-34 Fitzroy Street, Kerang VIC 3579 E-Referrals: referrals@ndch.org.au www.ndch.org.au

REFERRAL TO NORTHERN DISTRICT COMMUNITY HEALTH

Service/s Required:

- ☐ AOD Counselling
- ☐ Generalist Counselling
- ☐ Community Health Nursing
- ☐ Diabetes Education
- ☐ Dietitian
- ☐ Occupational Therapist
- ☐ Paediatric Physiotherapist
- ☐ Speech Pathology
- ☐ Carers Support
- ☐ Specialist Homelessness Service
- ☐ Stop Smoking
- ☐ Community Care Services
- ☐ Chronic Disease Nursing/ Social Connection

Client Information

Client Name:.....

Date of Birth:..... Contact Number:.....

Address:.....

Next of Kin Name:.....

Relationship to Client:.....Contact Number:.....

Reason For Referral: .....

.....

.....

Current presentation/episode; presenting problems: .....

.....

.....

Relevant Medical History & Medications: .....

.....

.....

Referral Source: GP / SELF / OTHER: .....

☐ **Current Health History and Pathologies attached.**

(If not referred by self) Please Complete:

Referrer Name & Title: .....

Referrer Contact Number: .....

Referrer Signature: ..... Date: .....

Client is aware of referral & verbal consent given? ☐

OFFICE USE ONLY

Appointment Arranged:

- ☐ Yes Time:.....
  Date:.....
- ☐ To be arranged by client
- ☐ To be contacted by NDCHS (Client must be aware of this referral)