



24-34 Fitzroy Street, Kerang VIC 3579

E-Referrals: [referrals@ndch.org.au](mailto:referrals@ndch.org.au)

[www.ndch.org.au](http://www.ndch.org.au)

**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

# 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/Vaping
- Community Care Services
- Chronic Disease Nursing/  
Social Connection
- Podiatry/Foot Care

### 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)