



ABN: 84 612 857 931

CASE MANAGER REFERRAL FORM

Please download, fill in and fax to 07 4573 1100 or email to referrals@ruralhealthconnect.com.au

Client Name	
Date of Birth	
Contact ph	
Contact email	
Consent has been given to share this information (compulsory) Yes <input type="checkbox"/>	
Referral handover notes (please include):	
<p>NOTE: Not every client is suitable for telehealth. Please consider before making a referral. A mental health treatment plan should be completed before a referral is made. If you have it, please send with this referral. If not, your client can ask their GP clinic to send it to us FAX: 07 4573 1100.</p>	
Case Manager's Name	
Organisation/location	
Phone	

Emergency and after hours contacts:

Please send this Referral Form to referrals@ruralhealthconnect.com.au
or fax: 07 4573 1100

We are here to help. Please contact us with any enquiries or for assistance at **0427 692 377**

We look forward to working with you