



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		State located in:
Contact email		
Consent has been given to share this information (compulsory) Yes <input type="checkbox"/>		
GP mental health treatment plan completed and is attached or being sent separately Yes <input type="checkbox"/> - this referral is not accepted or actioned until these are received.		
Referral handover notes (please include):		
<p>NOTE: Not every client is suitable for telehealth. Please consider before making a referral. We have limited video GP appointments specifically for MHCP and circumstances where the client has difficulty accessing a local GP.</p> <p>If this is required Tick here <input type="checkbox"/></p>		
Case Manager's Name		
Organisation/location		
Phone		
Date		

We are here to help. Please contact us with any enquiries or for assistance at
0493 201 005 or 0493 432 144

We look forward to working with you
www.ruralhealthconnect.com.au