CASE MANAGER REFERRAL FORM

Rural Health CONNECT

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

Client Name:	
Date of Birth	
Phone Number	
State located in	
Country of Birth (First Nation country also apply)	

PLEASE CONFIRM	
☐	**Consent has to be given to share this information. (compulsory)**
☐	**GP mental health treatment plan completed and is attached or being sent separately.**
☐	**NOTE:** Please consider if your client is suitable for telehealth before making the referral. If your client has difficulty accessing a GP appointment to get a MHCP we have limited video GP appointment. Tick if this is required.

Cultural Considerations & Handover notes

Referral handover notes	Please add any cultural Protocols we should be aware of
	Example: This person will have a relative with them that will speak when they cannot, or this person is in Sorry Business and should not be contacted for 7 days.

☐ **Please tick if you would like your case manager notified of appointments.**

Case manager's name	
Referring Organisation	
Phone Number	
Date	

We are here to help. Please contact us with any enquiries or for assistance at 0493 866 429 or 0493 432 144

We look forward to working with and helping your community.
www.ruralhealthconnect.com.au