

# Referral form

All intake and waitlist enquiries can be made  
by calling Inspiro on 9738 8801  
or emailing [hello@inspiro.org.au](mailto:hello@inspiro.org.au).

17 Clarke Street  
Lilydale VIC 3140

1624 Burwood Highway  
Belgrave VIC 3160

ACN 136 695 273  
ABN 14 188 575 324

Community  
Health  
Service



Client details				
Name:				
Date of birth:			Health Care Card:	Yes No
Address:				
Phone number:			Safe for message:	Yes No
Email:				
Country of birth:			Preferred language:	
Indigenous status:	Identifies as Aboriginal/Torres Strait Islander			Yes No
Interpreter required:	Yes No	Refugee:	Yes No	
Homelessness issues:	Yes No			
Service(s) requested:				
Brief description of main concerns:				
Relevant medical history: (add clinical notes/discharge summary as needed)				
Relevant medications:				
Any current risks: (e.g. falls, mental health)				
Other services currently involved: (please include contact details)			Please provide GP Details:	
Referrer details				
Name of referrer:			Agency (if applicable):	
Contact phone:			Fax:	
Consent provided for referral:	Yes No	Best time of day for client contact:		
Signature:			Date of referral:	

**Phone: 9738 8801**

**Fax: 9739 4689**