

# 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**

# Referral checklist

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). Referral instructions are in the table below.



Everyone can access our services.

There are three ways to do this:

Eligibility	Referral process
<p>1. EPC or Chronic Disease Management (CDM) care plan</p> <p>For patients with a chronic or terminal medical condition.</p> <p>Bulk billing is available for Health Care and Pensioner Concession card holders.</p>	<p>EPC / CDM care plan referral checklist:</p> <ul style="list-style-type: none"> <li>Completed GP Management Plan (Medicare item 721)</li> <li>Completed Team Care Arrangement (Medicare item 723)                             <ul style="list-style-type: none"> <li>refer to Inspiro and nominated allied health service(s)</li> </ul> </li> <li>Completed CDM (formally EPC) Referral Form                             <ul style="list-style-type: none"> <li>refer to Inspiro and nominated allied health service(s)</li> <li>note how many allocated visits for each allied health service</li> <li>signed and dated</li> </ul> </li> </ul>
<p>2. Community health services</p> <p>Priority access is given to:</p> <ul style="list-style-type: none"> <li>Pensioners or Health Care card holders and their dependants</li> <li>School students up of 18 years (<b>preschool-age only for paediatric OT and speech therapy</b>)</li> <li>Aboriginal and Torres Strait Islanders</li> <li>Refugees or asylum seekers</li> <li>Those who are homeless or at risk</li> <li>Registered clients of mental health or disability services</li> <li>Pregnant women (public dental and Healthy Mothers Healthy Babies only).</li> </ul>	<p>Community health referral checklist:</p> <ul style="list-style-type: none"> <li>Completed SCTT Referral Form; and</li> <li>Fax to 9739 4689 or</li> <li>Completed online S2S (preferred) or</li> <li>Self referral</li> </ul>
<p>3. Private services</p> <p>For everyone, including those with or without private health insurance. Fees will be charged. DVA, TAC, NDIS and WorkCover are welcome.</p>	<p>Self referral:</p> <p>Patients can call Inspiro on 9738 8801 to book.</p>

In order for Inspiro to provide the best care to patients, we have defined the minimum amount of information we need. Please include the following information when you refer to Inspiro.

Additional information is welcome.

Minimum standard for referral	
Referral type	GP referrals
All	<ul style="list-style-type: none"> <li>Reason for referral – why do you want this patient seen?</li> <li>Relevant medical history</li> <li>Current medications</li> <li>Any risks/allergies/drug reactions</li> <li>Any relevant social/family issues</li> </ul>
Physiotherapy and Podiatry	Plus any relevant scan or xray reports
Diabetes education and dietician	Plus <ul style="list-style-type: none"> <li>HbA1c</li> <li>Albumin to creatinine ratio</li> <li>Cholesterol</li> <li>Fasting glucose/glucose tolerance test</li> </ul>

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