

This service was jointly funded by the Australian Government and The Institute for Urban Indigenous Health



## Integrated Team Care (ITC) General Practitioner Referral Form Care Coordination and Supplementary Services

The ITC program provides assistance for Aboriginal and Torres Strait Islanders with a chronic disease who require help in coordinating their healthcare and/or require help in accessing services and medical aids not available through other funding sources, or not without lengthy delays.

### Client eligibility

**Does the client identify as Aboriginal and/or Torres Strait Islander?**

Aboriginal

Torres Strait Islander

Both

**Does the client have a current 715 ATSI Health Check?**

Yes (If yes, please attach 715)

No

**Does the client have a current GP Management Plan and Team Care (721+723)?**

Yes (If yes, please attach 721+723)

No

**Does the client have a chronic disease?**

Yes

No

Please specify:

### Referring GP details

**Name :**

**Phone number:**

**Fax:**

**Practice name:**

**Practice street address:**

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### Client details

Surname:

First Name:

Medicare No:

Date of birth:

Gender Identification: Male

Female

Other

Residential address (including postcode):

Home phone number:

Mobile number:

### Reason for Referral

#### Have you considered other funding sources?

- Moblink – Connecting Mob with Services and Care 1800 254 354
- MASS (Medical Aids Subsidy Scheme) / CAPS (Contience Aids Payment Scheme) – eg: continence aids
- NDIS (National Disability Insurance Scheme)
- NDSS (National Diabetes Subsidy Scheme) – eg: insulin needles
- QAS (Queensland Ambulance Service) Transport Services
- Aged Care funding CHSP/HCP – eg: Vital Call, Aged Care transport
- QCSS (Queensland Community Support Scheme) – Patients under 50yo requiring
- PTSS (Patient Travel Subsidy Scheme)
- PPA (Pharmacy Programs Administator) Funding – eg: DAA, glucometers, sphygomamometers, spacers, certain medications, testing lancets)
- Australian Disability Parking Permit
- QLD Government Taxi Subsidy Scheme
- Centrelink Essential Medical Equipment payment – electricity subsidy for running medical equipment such as CPAP, home dialysis, nebuliser etc

Note: services NOT covered include medication costs, dental, operations or hospital stays.

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## Consent form

### ITC CCSS PROGRAM CONSENT

- I understand that my participation is voluntary and that I have the right to withdraw from the Program at any time.
- I understand that a range of health and community service providers may collect, use, and disclose my relevant personal information as part of my care.
- I understand that the personal information collected by these organisations will be maintained consistent with the National Privacy Principles. It will remain confidential except when it is a legal requirement to disclose information; or where failure to disclose information would place me or another person at risk; or when my written consent has been obtained to release the information to a third party.
- I understand that statistical information (that will not identify me) will be collected and used to see how well the Program is working and help improve services for Aboriginal and Torres Strait Islander people.

Client signature:

Client name:

Date:

I have discussed the proposed referral to the CCSS Program with the client and am satisfied that the client understands and is able to provide informed consent to this.

Referring GP's signature:

GP name:

Date:

**Please fax this form to: (07) 3205 8666  
Or email: [ITC@iuih.org.au](mailto:ITC@iuih.org.au)**

**Any questions regarding this referral, please call the Mob Link hotline on  
1800 254 354**