

Footprints Care Coordination Service Referral Form

The Care Coordination service helps adults who have chronic medical conditions to improve their self-management by supporting them address their psychosocial risk factors.

The service will be suitable for patients who meet **all** of the following criteria (**please tick**):

Care Coordination eligibility criteria

This service is to provide care coordination for adults who have chronic health conditions to establish non-clinical supports to enhance self- efficacy and actively transition to self-management. Intended for patients 1-4 chronic conditions who are not currently frequently hospitalised but considered to be at "rising risk" of hospitalisation and without appropriate support, may experience unnecessary and avoidable deterioration.

<input type="checkbox"/>	Have one to four chronic disease(s) Please Note: Where a patient's primary chronic condition is Mental Health related this patient will need to be referred to appropriate mental health funded services.
<input type="checkbox"/>	Are 18 years and over
<input type="checkbox"/>	Experiencing bio-psychosocial risk factors (<i>experiencing social challenges or complexity impacting management of medical conditions</i>).
<input type="checkbox"/>	Live in suburbs within the Statistical Areas of Beenleigh, Browns Plains, Loganlea-Carbrook and Springwood-Kingston. (see suburb listing)
<input type="checkbox"/>	A Primary Care GP is the main party responsible for the person's clinical health care

Please send the referral to Footprints alongside the patients GP Management Plan (if applicable) or health summary via:

Fax Footprints on 07 3252 3688

Or Call on 0732523488

Or Via Medical Objects using ID CODE: IF40060002T

If you wish to speak to a Footprints Care Coordination Service please call Bella Forbes on (07)32523488/0414 010 456

Referral details

Patient name			
Country of birth		Primary language spoken	
Is the client	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	Refugee Status	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Other/ not stated	Date of Birth:
Patient address			

Phone number	Home:	Mobile:	Work:
Medicare number			
NDIS approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Not Known <input type="checkbox"/>
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other pension/ benefit	<input type="checkbox"/> Compensation <input type="checkbox"/> Unemployed <input type="checkbox"/> Other please specify:
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alternative approved contact (e.g. family member/ carer) :	Name: Ph:
ALERTS (e.g. risk factors for service provision/ client).	<input type="checkbox"/> Substance abuse <input type="checkbox"/> Parole/ legal factors	<input type="checkbox"/> Behavioural (please specify):	<input type="checkbox"/> Other please specify:
Reasons for Referral:			
Bio-psychosocial risk factors (e.g. social isolation, employment, housing) and other current or relevant stressors e.g. loss of a loved one, recent diagnosis, recent hospitalisation, loss of home or job:			
Current Medications:			
Chronic Medical Conditions:			
Other health practitioners known to be involved in care:			

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General practitioner details

Practitioner name			
Practice name			
Phone number		Fax number	
Email address			

As the referring medical practitioner I confirm that:
I am satisfied the patient understands that by referring them to the Care Coordination service their personal information will be provided to Footprints, that the provider will make contact with them directly, and they have provided informed consent for this referral.

General practitioner signature: _____ Date: _____

Office Use Only:

Date referral received:	Database updated: <input type="checkbox"/>
Care Coordinator assigned:	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP notified of outcome:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Suburb Allocations:

Bahrs Scrub	Crestmead	Logan Reserve	Rochedale South
Bannockburn (Qld)	Daisy Hill (Qld)	Loganholme	Shailer Park
Beenleigh	Eagleby	Loganlea	Slacks Creek
Belivah	Edens Landing	Marsden	Springwood (Qld)
Berrinba	Forestdale	Meadowbrook	Tanah Merah
Bethania	Greenbank	Mount Warren Park	Underwood (Qld)
Boronia Heights	Heritage Park	Munruben	Waterford (Qld)
Browns Plains (Qld)	Hillcrest (Qld)	Park Ridge	Waterford West
Carbrook	Holmview	Park Ridge South	Windaroo
Chambers Flat	Kingston (Qld)	Priestdale	Wolffdene
Cornubia	Logan Central	Regents Park (Qld)	Woodridge (Qld)