

Click or tap to enter a date.

Dear ICDC ,

Please accept this referral for Chronic Disease Care Coordination including diabetes education, dietetics, and exercise physiology.

Eligibility only for clients with the following disease diagnosis who are **on a current GPMP/Care plan, a copy of which must be attached with the referral and include diagnosis, health history and medications.**

***No EPC allocation required for ICDC services.**

Diabetes

Cardiac Disease

Respiratory Disease

Morbid Obesity

Client Details

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Email (optional): Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Identifies as: ☐ Aboriginal ☐ TSI ☐ ATSI ☐ CALD

Next of Kin/Carer details (if applicable):

Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Reason for Referral

Please indicate reason for referral

Click or tap here to enter text.

The client is aware of and consents to this referral.

Kind Regards,

[Insert Referrers Signature details]

Referrals to Fax: 9754 2985 or via Healthlink (gpdsmhcc)