CLOSING THE GAP TRANSPORT AND PRACTICAL ASSISTANCE - IOW REFERRAL FORM

Darling Downs West Moreton PHN (DDWM PHN) through its Closing the Gap program – Improving Access to Mainstream Primary Health Care funding, provides a variety of assistance for Aboriginal And Torres Strait Islander peoples in the Darling Downs and West Moreton regions to attend health related appointments.
West Moreton contact Marlena Bishop, Indigenous Outreach Worker (IOW) 0400 255 774
Darling Downs contact 07 46888107
For more information on the CTG program, please visit http://ddwmphn.com.au

The only eligibility to access assistance is that the person must identify as being of Aboriginal and or Torres Strait Islander descent and be registered for CTG

Patient Details
I am registered for CTG at ……..

Are you of Aboriginal or Torres Strait Islander descent?	☐ Yes Aboriginal ☐ Yes Torres Strait Islander ☐ Yes both
Allergies:	
Is this request for an Adult or Child?	☐ Adult ☐ Child
Patient's name:	DOB
Current Address	Current Phone Number
Parent/carer's name and contact details if patient under 16	

What assistance is required, please tick box/s.
☐ Provide support during consultations either with a GP/ Practice Nurse/Allied Health Practitioner and/or Specialist
☐ Collect prescriptions from a pharmacy
☐ Provide transport to any health related appointments

Referral forms for DDWM PHN IOW assistance will last 12 months from date signed by patient.

Patient Consent:

I,_____
consent for my personal details being shared with Darling Downs West Moreton Primary Health Network to enable me to access the assistance available through the Outreach Worker.

I,_____,
am aware that if my behaviour is showing signs of aggression or verbal abuse and/or I am under the influence of drugs and/or alcohol I will not be able to access the outreach service for assistance. *Darling Downs West Moreton PHN (DDWM PHN) will refuse assistance if I do not abide by these rules.*
Signature: _____Date: _____

Ï have explained the referral for IOW assistance to the patient
Indigenous Outreach Worker Signature: _____Date _____