Kerang	t: (03) 5451 0200	f: (03) 5452 2486
Cohuna	t: (03) 5451 0250	
Boort	t: (03) 5451 0200	
Quambatook	t: (03) 5457 1300	
Pyramid Hill	t: (03) 5455 7065	

24-34 Fitzroy Street, Kerang VIC 3579 E-Referrals: referrals@ndch.org.au www.ndch.org.au

REFERRAL TO NORTHERN DISTRICT COMMUNITY HEALTH

Service/s Required:

- ☐ AOD Counselling
- ☐ AOD Withdrawal Nurse
- ☐ Community Health Nursing
- ☐ Diabetes Education
- ☐ Dietitian
- ☐ Healthy Hearts & Lungs Program
- ☐ Generalist Counselling
- ☐ Occupational Therapist
- ☐ Paediatric Physiotherapist
- ☐ Speech Pathology
- ☐ Specialist Homelessness Service
- ☐ Stop Smoking
- ☐ Community Care Services

Client Information

Client Name:...

Date of Birth:.. Contact Number:..

Address:..

Next of Kin Name:..

Relationship to Client:...Contact Number:..

Reason For Referral: ....

....

....

Current presentation/episode; presenting problems: ....

....

....

Relevant Medical History & Medications: ....

....

....

Referral Source: GP / SELF / OTHER: ....

☐ **Current Health History and Pathologies attached.**

(If not referred by self) Please Complete:

Referrer Name & Title: ....

Referrer Contact Number: ....

Referrer Signature: .... Date: ....

Client is aware of referral & verbal consent given? ☐

OFFICE USE ONLY

Appointment Arranged:

- ☐ Yes Time:..
  Date:..
- ☐ To be arranged by client
- ☐ To be contacted by NDCHS (Client must be aware of this referral)