|  |  |  |
| --- | --- | --- |
| Referral cover sheet  Purpose: to send with a referral |  | **Consumer**  Name:  Date of Birth: dd/mm/yyyy    /    /  Sex:  UR Number:  or affix label here |

Date:dd/mm/yyyy    /    /

**Referral cover sheet**

Referral

|  |  |  |  |
| --- | --- | --- | --- |
| **To send a referral complete this section** | | | |
| **From** | Name: | | Position: |
| Organisation: | | Phone: |
| Email: | | Fax: |
| Role with consumer: | | |
|  | | | |
| **To** | Name: Intake | | Position: |
| Organisation: Connect Health and Community | | Phone: 9575 5322 |
| Email: intake@connecthealth.org.au | | Fax: 9579 3623 |
| Referral for type of service/service requested: | | | |
| Priority:  urgent (list reason in notes)  non-urgent | | | |
| SCTT attached:  Consumer Information  Summary And Referral Information  Other (list) | | Other documents attached:  Assessment Information/Report  Care Plan  Health Summary  Other (list) | |
| Notes: | | | |