CCSS GP REFERRAL FORM

SYDNEY NORTH Health Network

We acknowledge and pay our respects to Aboriginal and Torres Strait Islander peoples past, present and future as custodians of all country in Australia.

Referral to:
Indigenous Care Coordinator
Sydney North Health Network
Fax (02) 88072 4770
Or scan and email to:
Judith Jenkins: jjenkins@snhn.org.au

Thank you for seeing:

Patient Name		**Date of Birth**	
Address		**Suburb**	
Home Phone		**Mobile**	
Email			

My patient fulfils this criteria (Please tick)	
	Is Aboriginal, has given me verbal or written consent to participate in this program and his/her GP Management Plan is attached

Has one or more of the following chronic disease(s) in a *severe* form: (Tick *all* that apply)	
	Cancer
	Cardiovascular disease
	Diabetes
	Renal disease
	Respiratory disease

NOTE: No other chronic diseases are eligible for CCSS

☐ **I am attaching the patient's GP Management Plan and any relevant clinical history, including medications**

Referring GP	**Date**
GP Phone number	
Comments on Patients Condition	

Phone: (02) 9432 8250
Email: admin@snhn.org.au
Address: Suite 1, 154 Pacific Highway, St Leonards NSW 2065
Post: PO Box 97, St Leonards NSW 1590
ABN: 38 605 353 884
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