

Primary Health Services Referral Form- External Use



The Marathon Health Primary Health Services Team aims to prevent and reduce the burden of disease in rural and remote communities through the provision of targeted, evidence based primary health services. Referrals can be made through GP's other health practitioner, parents, teachers or by the individual themselves, with the exception of Diabetes Educators where GP involvement is required. The Primary Health Services identified within this document are provided free of charge unless otherwise notified by the service provider prior to commencing treatment.

Please contact the service provider to make a referral to their service after gaining written consent (reverse side) from the client & completing their personal information. To access any other Marathon Health services please visit www.marathonhealth.com.au to learn more about what services we provide.

Valid to **May 2017 ONLY**. Most recent versions of this document are available from the Marathon Health Website www.marathonhealth.com.au

Town	Profession	Service Provider & Referral Details
Bathurst	Primary Health Care Nurse Exercise Physiologist	Kate- 0448 208 291 Liz - 0438 430 082
Baradine	Dietitian Primary Health Care Nurse Healthy Lifestyle Programs	Rachelle - 0427 624 457 Nichole - 0429 567 796 Rebecca- 0427 427 062
Blayney	Dietitian	Megan E- 0408 434 062
Caragabal	Allied Health Assistant	Zelda- 0428 924 523
Coolah	Primary Health Care Nurse Dietitian Diabetes Educator Paediatric Occupational Therapist Healthy Lifestyle Programs Allied Health Assistant Paediatric Speech Pathologist	Emma - 0419 748 265 Megan E- 0408 434 062 Alison - 0427 030 104 Aleisha- 0427 107 217 Rebecca- 0427 427 062 Stephanie- 0439 321 406 Sarah - 6378 6236
Coonabarabran	Diabetes Educator Dietitian	Wendy - 0419 740 768 Rachelle - 0427 624 457
Coonamble	Diabetes Educator Dietitian Paediatric Occupational Therapist Allied Health Assistant Primary Health Care Nurse Paediatric Speech Pathologist	Wendy - 0419 740 768 Rachelle- 0427 624 457 Hayley- 0428 347 149 Tionee- 0488 037 467 Laurinne- 0408 992 757 Sharna- 0439 524 612
Cowra	Paediatric Speech Pathologist	Karen - 0458 413 051
Dubbo	Diabetes Educator	Lesley- 02 6826 5274
Dunedoo	Primary Health Care Nurse Dietitian Diabetes Educator Allied Health Assistant Paediatric Speech Pathology Paediatric Occupational Therapist Healthy Lifestyle Programs	Emma - 0419 748 265 Megan E- 0408 434 062 Alison - 0427 030 104 Stephanie- 0439 321 406 Sian- 0488 200 295 Aleisha- 0427 107 217 Rebecca- 0427 427 062
Eugowra	Podiatrist	Sam - 6850 4000
Gilgandra	Diabetes Educator Dietitian Primary Health Care Nurse Paediatric Occupational Therapist Allied Health Assistant Paediatric Speech Pathologist Healthy Lifestyle Programs	Alison - 0427 030 104 Rachelle - 0427 624 457 Megan O - 6880 5945 Hayley - 0428 347 149 Tionee - 0488 037 467 Sharna - 0439 524 612 Rebecca - 0427 4278 062
Grenfell	Paediatric Speech Pathologist Allied Health Assistant	Karen - 0458 413 051 Zelda - 0428 924 523
Gulargambone	Dietitian Diabetes Educator Paediatric Occupational Therapist Paediatric Speech Pathologist Primary Health Care Nurse Allied Health Assistant Healthy Lifestyle Program	Rachelle - 0427 624 457 Wendy - 0419 740 768 Hayley - 0428 347 149 Sharna - 0439 524 612 Megan O - 6880 5945 Peter- 0417 492 226 Therese - 0429 006 354 Rebecca- 0427 427 062
Gulgong	Diabetes Educator Paediatric Speech Pathologist Allied Health Assistant Paediatric Occupational Therapist	Alison - 0427 030 104 Sarah - 6378 6236 Adeshia - 0439 490 324 Aleisha - 0427 107 217
Gwabegar	Primary Health Care Nurse	Nichole - 0429 567 796
Kandos	Diabetes Educator Dietitian	Anna - 0428 310 233 Megan E - 0408 434 062
Manildra	Podiatrist	Sam - 6364 5901

Town	Profession	Service Provider & Referral Details
Mendooran	Allied Health Assistant Primary Health Care Nurse Paediatric Occupational Therapist Paediatric Speech Pathologist Healthy Lifestyle Programs	Tionee- 0488 037 467 Rozlyn- 0439 045 240 Emma- 0419 748 264 Hayley- 0428 347 149 Sharna- 0439 524 612 Rebecca- 0427 427 062
Mudgee	Diabetes Educator	Wendy - 0419 740 768
Mumbil & Goolma	Paediatric Speech Pathology Paediatric Occupational Therapist	Sarah Q- 6378 6236 Aleisha- 0427 107 217
Narromine	Diabetes Educator Dietitian Paediatric Occupational Therapist Paediatric Speech Pathologist Podiatrist Primary Health Care Nurse Allied Health Assistant Healthy Lifestyle Programs Diabetic Foot Care	Lesley - 6889 1622 Megan E- 0408 434 062 Hannah - 6885 8999 Sian - 0488 200 295 Sam - 6889 1622 Peter- 0417 492 226 Melissa - 0407 997 062 Rebecca- 0427 427 062 Rozlyn- 0439 045 240
Nyngan	Diabetes Educator Dietitian Allied Health Assistant Paediatric Speech Pathologist Primary Health Care Nurse Healthy Lifestyle Program	Wendy - 0419 740 768 Rachelle- 0427 624 457 Lizzy - 0439 297 227 Vacant Laurinne - 0408 992 757 Rebecca- 0427 427 062
Oberon	Diabetes Educator Primary Health Care Nurse Dietitian	Anna - 0428 310 233 Kate - 0448 208 291 Megan E- 0408 434 062
Peak Hill	Diabetes Educator	Alison - 0427 030 104
Quandialla	Allied Health Assistant Paediatric Speech Pathologist	Zelda- 0428 924 523 Karen- 0458 413 051
Tooraweenah	Paediatric Speech Pathology Paediatric Occupational Therapist	Sharna- 0439 524 612 Hayley- 0428 347 149
Tottenham	Diabetes Educator Podiatrist Primary Health Care Nurse	Wendy - 0419 740 768 Sam - 6892 4356 Peter- 0417 492 226
Trangie	Diabetes Educator Dietitian Paediatric Occupational Therapist Paediatric Speech Pathologist Allied Health Assistant Primary Health Care Nurse Healthy Lifestyle Programs	Alison - 0427 030 104 Miriam- 0428 949 937 Aleisha - 0427 107 217 Vacant Lizzy - 0439 297 227 Nichole - 0429 567 796 Rebecca - 0427 427 062
Trundle	Diabetes Educator	Wendy- 0419 740 768
Tullamore	Diabetes Educator Podiatrist Primary Health Care Nurse	Wendy - 0419 740 768 Sam - 0417 492 226 Peter - 0417 492 226
Warren	Diabetes Educator Dietitian Paediatric Occupational Therapist Paediatric Speech Pathologist Primary Health Care Nurse Allied Health Assistant	Wendy - 0419 740 768 Rachelle- 0427 624 457 Hannah - 6885 8999 Sian - 0488 200 295 Nichole - 0429 567 796 Melissa - 0407 997 062
Wellington	Allied Health Assistant Diabetes Educator Paediatric Speech Pathologist	Adeshia - 0439 490 324 Wendy - 0419 740 768 Alison - 0427 030 104 Sarah - 6378 6236

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Please complete all sections of this document prior to sending referral information back to the managing health care provider.

PERSONAL INFORMATION

Client Name: _____

Date of Birth: _____ Age: _____ Gender: Male / Female / Gender Neutral

Parent/Carer Name: _____

Address: _____

Phone: _____ Mobile: _____

Medicare Number: _____ Expiry Date: _____ Medicare Ref: _____

Health Care Card Holder: Yes / No Pension Card Holder: Yes / No MyHealth* Nbr: _____
*Patient Control Electronic Health Record

Private Health Insurance Number: _____ Expiry Date: _____

Aboriginal/Non Aboriginal Other Cultural ID: _____

Regular GP's Name: _____ GP Phone: _____

GP Address: _____

IN CASE OF EMERGENCY

Emergency Contact: _____ Relationship: _____

Address: _____

Work Phone: _____ Home Phone: _____ Mobile Phone: _____

REFERRAL INFORMATION

Date of Referral: _____

Reason for referral: _____

Additional Info e.g.; GPMP, pathology, previous screening etc. (attach relevant documents): _____

Has the client been considered or utilized Enhanced Primary Care (EPC) services? Yes / No

Person Referring: _____

Profession: _____ Organisation: _____

Address: _____

Phone: _____ Mobile: _____

Fax: _____ E mail: _____

CLIENT CONSENT

I consent to the use of SMS reminders for each of my appointments offered under the PHS using mobile number listed in personal information section.

I consent to my personal information being shared with Marathon Health for the purpose of referral to their Primary Health Services.

I understand that personal information regarding the reason for my referral may be shared with other care providers including Marathon Health and their health care providers. All information held is strictly confidential and I give permission for these health care providers to access this information solely for the purposes of this referral.

Clients / Carer's Name

Client /Carer's Signature

Date