

Integrated Care Coordination (ICC) or Integrated Team Care (ITC)

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Argus (for GPs): integratedcareargus@marathonhealth.com.au

Date of referral	_____	Next of Kin	_____
Clients name	_____	NOK Phone	_____
Date of Birth	_____	NOK Relationship	_____
Phone	_____	Carers Name	_____
Address	_____	Phone Number	_____
	_____		_____
Medicare No	_____	Exp	_____
Pension Card	_____	Exp	_____

Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current GPMP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal and Torres Strait	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Referred by: LHD SELF GP Other _____

GP Name: _____

Phone number and address: _____

Reason for referral

Medical history

Has the client been diagnosed with any of the following conditions:

Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiovascular Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Respiratory Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parkinson's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk of Unplanned Admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other relevant medical history

Relevant admission history

Consent provided by Client Yes No

Current GPMP / TCA Yes No (if yes, please attach)

715 Health Check (if available) Yes No