

REFERRAL: Integrated Team Care (ITC)

Please send referral via Argus to: integratedcareargus@marathonhealth.com.au

Or via Fax, Attention: ITC Care Coordinator 1300 347 956

Referral Form for Indigenous Clients only and completed all details below

Clients Name:	Next of Kin:
DOB:	Next of Kin Phone:
Address:	Carers Name:
Phone Number:	Phone Number:
Aboriginal or Torres Strait Islander:	
Medicare No:	
Health Care Card:	
Pension Card:	
Referred by (GP Details):	Phone Number & Address:
Date of referral:	
<u>Patient has to be diagnosed with any of the below chronic conditions?</u>	
Diabetes	Chronic Kidney Disease
Cardiovascular Disease	Cancer
Chronic Respiratory Disease	
Risk of Unplanned Admission	Other

Reason for referral:

Please Attach:

Current GPMP / TCA

715 Health Check (if available)

Consent Provided By Patient

Yes

No



Bathurst Office

265 Durham Street
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Dubbo Office

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