

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

Phone (02) 6937 2000 Email [ic.intake@marathonhealth.com.au](mailto:ic.intake@marathonhealth.com.au) Fax (02) 6323 1874

Please select the appropriate program:

ICC Program  ITC Program (GPMP required)

Referral Date	_____	Next of Kin (NOK)	_____
Client's Name	_____	NOK Phone	_____
Date of Birth	_____	NOK Relationship	_____
Phone	_____	Carer's Name	_____
Address	_____	Carer's 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:  GP  LHD  SELF  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"/>	Chronic Kidney Disease	<input type="checkbox"/>	Cardiovascular Disease	<input type="checkbox"/>
Chronic Respiratory Disease	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>
Risk of Unplanned Admission	<input type="checkbox"/>	Additional information provide below			

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### Other Relevant Medical History

### Relevant Admission History

**Client Consent Provided**  Yes  No

**Current GPMP / TCA**  Yes  No

GPMP required for ITC program  
(please attach with referral)

**715 Health Check (if available)**  Yes  No