

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

Phone 1300 402 585 Email 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