



Secure Fax line: 02 6100 9952

Email: toc@chnact.org.au

Patient Name:

Contact Number:

Eligibility Criteria	Y/N
Age over 35 years	
Presence of a Chronic Condition	
ACT Resident	
Recently discharged from a hospital (within 4 weeks of referral) includes ED presentations. <i>Does not have to be related to chronic condition</i>	
Likely benefit from increased engagement with primary care/community services	
Patient / NOK provides verbal consent for ToC team contact <i>ToC information pack to be provided to patient</i>	
Patient Considerations	
Difficulty coordinating current service supports	
Limited social supports e.g. living alone	
May require assistance in initiating or following up on referrals e.g. My Aged Care	
Benefit from further knowledge of the impact of a chronic condition	
Identified barriers to accessing GP services	
Suitable for a home visit by the ToC team	

Reason for Referral:

Referrals to be accompanied by:

- *Summary of patients relevant medical history*
- *List of current medications*
- *Copy of GPMP/ TCA if applicable*

Referred by:

Contact Details:

Date: