

Marrabinya Referral Form

To be eligible for the service, Indigenous patients must be enrolled for chronic disease management in a general practice or an Aboriginal Community Controlled Health Organisation (ACCHO).

A new referral is required for each new service requested. However, patients are only required to consent once.

Practice Details

Practice/ACCHO Name:		
Practice/ACCHO Address:		
Email:		
Phone Number:		
Fax Number:		
Contact Worker:		
Referring GP:		
GP Type:	<input type="checkbox"/> Locum GP	<input type="checkbox"/> Regular Practice GP

Patient Details

Name:		
Address:		
Date of Birth:		Medicare No.:
Phone Number:	Home:	Mobile:
To be eligible for this service, patients must be Indigenous. Does this patient identify as Aboriginal or Torres Strait Islander?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (patient is not eligible) <i>Note: we may seek confirmation of Aboriginality.</i>		
Is this patient enrolled for chronic disease management in your general practice or ACCHO and does the patient have a current GPMP (< 12 months)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (patient is not eligible for support)		
Please indicate patient's Chronic Disease (<i>NB: private dental services are not covered</i>):		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Chronic Respiratory Disease
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Cancer	

Services Required

<input type="checkbox"/> Accommodation support to attend health appointment
<input type="checkbox"/> Transport to health appointment
<input type="checkbox"/> Contribution towards the cost of fuel to attend medical appointments
<input type="checkbox"/> Assistance with cost of appointment
<input type="checkbox"/> Medical Aid – Supplier and aid type:
– Instructions / Comments (e.g. level of urgency):

***** Please detail all Specialist Appointments over Page *****

Referral Date: GP Signature:

To be eligible for this service the patient must have a current GP Management Plan and/or Team Care Arrangement.

Please confirm – attach billing confirmation (eg. screen shot) (MBS 721 or MBS 723)

Funded by the PHN as the Indigenous Health Support Service

Specialist Appointment Details

Specialist's Name:
Specialist's Address:
Specialist's Phone Number:
Is the appointment booked? No Yes: Date/Time:
Level of Urgency:

Specialist's Name:
Specialist's Address:
Specialist's Phone Number:
Is the appointment booked? No Yes: Date/Time:
Level of Urgency:

Specialist's Name:
Specialist's Address:
Specialist's Phone Number:
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Specialist's Address:
Specialist's Phone Number:
Is the appointment booked? No Yes: Date/Time:
Level of Urgency:

Patient Consent - Marrabinya

Name:	
Address:	
Date of Birth:	

My GP has told me about Marrabinya (Indigenous Health Support Service) and I want to participate.

I understand what I have been told and any questions I had have been answered.

I understand that services (GPs, specialists, Aboriginal Medical Services, hospitals, allied health workers) might have to share my information for care planning and to assess my eligibility for chronic care services. I know that wherever possible you will ask for my verbal consent to share information with other services before doing so.

I know that I can withdraw this consent at any time. To withdraw my consent, I must send a written note to my Chronic Care Link Worker. The withdrawal will be valid as soon as the Worker gets my note, but will not apply to information that has been shared since my initial consent.

I agree that some information about me (but not my name) will be kept and used so that you can improve the way care is provided to Indigenous people.

Patient Name:	
Signature:	
Date:	

I have discussed this referral to the service with the patient and I am satisfied that the patient understands and is able to provide informed consent to this.

Health Professional Name:	
Designation:	
Signature:	
Date:	

Once completed please fax this consent page and the referral to: 08 8082 9889 or call 1800 940 757 or email: indigenoushealthsupportservice@maarima.com.au

Patient Charter – Marrabinya

As a patient accessing Marrabinya (Indigenous Health Support Service) you have a right to:

- access services that meet your health care needs.
- receive safe and high quality health services, provided with professional care, skill and competence.
- receive open, timely and appropriate communication about your health care in a manner you can understand.
- join in making decisions and choices about your care.
- assume that the care provided will be respectful of you and your culture, beliefs and personal needs and requirements.
- assume that your personal privacy is maintained and proper handling of your personal health and other information is assured.
- comment on or complain about your care and have your concerns investigated and responded to.

In return you have a responsibility to:

- advise us of any changes to your contact details.
- keep your appointments, or notify us if you are unable to attend.
- provide accurate information about your health and anything else that may have an impact on your care.
- be as open and honest as you can, and ask for more information if you do not understand.
- ask questions so you can learn about your condition and your care options before giving your consent to any treatment.
- discuss your concerns and decisions with your health care provider.
- treat all staff and others with respect and dignity.
- accept that your health information may be shared with appropriate health care providers and other agencies as authorised by law.
- ask for your recorded health information to be corrected if it is inaccurate.
- respect the privacy and confidentiality of others.