COCKBURN INTEGRATED HEALTH

Curtin University

Referral Form: Curtin Clinic Cockburn at Cockburn Integrated Health Date: _____

Client Details:			
Title:	Surname:	Given name/s:	Preferred name:
DOB:	Gender:	Aboriginal/TSI: ☐ Yes ☐ No ☐ Both	
Address:			
Telephone:	Mobile:	Email:	
English as Second Language: ☐ Yes ☐ No	Preferred Language:	Interpreter Required: ☐ Yes ☐ No	
Next of Kin (NOK) Name:		Relationship to Client:	
NOK Contact Phone:		NOK Email:	

Referrer Information (must be completed):	
Referrer Name:	General Practitioner:
Profession:	Practice Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Service Requested:

☐ Occupational Therapy ☐ Speech Pathology ☐ Bentley Speech Pathology Services
☐ Social Work ☐ Psychology ☐ Exercise Physiology

Psychology Referrals – Referrals via GP or Mental Health Professional ONLY - please acknowledge client is of low risk:
☐ Not suicidal ☐ No psychotic symptoms ☐ Not in an open court case
☐ Attach Mental Health Care Plan (if available) Please Sign: _____

Exercise Physiology Referrals - Referrals via GP, Practice Nurse or Allied Health professional ONLY:
Reason for referral: ☐ Musculoskeletal Rehabilitation ☐ Metabolic Management ☐ Cardiac Rehabilitation
Please indicate below any recommended goals for Exercise Physiology referral:
☐ Health and physical education ☐ Advice/support on lifestyle modification/behavioural change
☐ General physical activity increase ☐ Weight Management - ☐ Gain ☐ Loss ☐ Maintenance
☐ Specific exercise rehabilitation (please specify):_____
☐ Other: _____
Please complete (indicating results and date):

Weight (kg):	HR (bpm):	HDL (mmol/L):
Height (cm):	Fasting Blood Glucose (mmol/L):	LDL (mmol/L):
WHR: Waist cm/Hip cm =	Total Chol (mmol/L):	HbA1c (%):
BP (mmHg):	Triglycerides (mmol/L):	Liver Function Testing:
ECG results (if applicable)		

Reason for Referral:

Consent for Referral to Clinic Obtained: ☐ Yes ☐ No

Reason:

Priority: ☐ Urgent ☐ Non-urgent

Relevant Past Medical History and Current Medications (including past allied health involvement if known):

Please send referrals to:

Email: cockburnclinic@curtin.edu.au | Telephone: 9494 3751 | Mail: Curtin Clinic, PO Box 3057, Success, WA, 3964

OFFICE USE ONLY:
Discharge date: