



## Aboriginal Corporation

ABN 40 776 871 469 ICN 663

**Referral to:**

Karadi Aboriginal Corporation  
PO BOX 523  
Glenorchy TAS 7011  
Phone: (03) 62723511  
Fax: (03) 62723588

Does your patient have a preference for male or female care coordinator?

Male       Female

Does your patient have a preferred Care Co-ordinator?

Emma Robertson  
 Marc Hicks  
 John Wright

Thank you for seeing:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

My patient fulfills this criteria (please tick )

Is Aboriginal, has given me verbal or written consent to participant in this program and his/her GP Management Plan or Team Care Arrangements Plan is attached.

Has one or more of the following chronic diseases (please tick all that apply )

<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Renal Disease
<input type="checkbox"/>	Respiratory Disease
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Other (i.e. Mental Health, Musculoskeletal) Please List:
<input type="checkbox"/>	

I have attached the patients GP Management Plan or Team Care Arrangements Plan or any relevant clinical history, including medications.

Referring GP	Date
GP Phone Number	
Comments on Patients Condition	
Any other relevant information	

4 Rothesay Circle,  
Goodwood, Tasmania 7010

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Glenorchy, Tasmania 7010

Ph: (03) 6272 3511 Fax: (03) 6272 3588 www.karadi.org.au