Integrated Primary Care
Referral Form

Sonder
Better Care Better Health

Patient details

Title	☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prefers to use own words:	**Date of Birth**	
First name		**Surname**	
Address		**Phone**	
What is the patient's gender identity?	☐ Female ☐ Male ☐ Non-binary ☐ Prefers not to say ☐ Prefers to use own words:		
Does the patient identify as Aboriginal and/or Torres Strait Islander?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and/or Torres Strait Islander ☐ Prefers not to say ☐ Unknown		
Does the patient identify as being culturally and linguistically diverse? (Multicultural)	☐ Yes ☐ No		
Country of birth		**Main language at home**	
Proficiency in spoken English		**Highest education level**	

Referrer details

Referral Date		**GP Name**	
Practice Name		**Phone**	
Fax		**Email**	

Reason for referring

☐ **Patient living with a chronic condition**		☐ **Patient at risk of a chronic condition**	
Does the Patient have the following items?			
☐ GP Management Plan			
☐ Team Care Arrangement			
☐ EPC (*please attach with referral form*)	**AHP type**		**Date**
Primary Condition/s:			

Service Requested	**Action/Task**	
☐ Dietitian	☐ Health Summary Attached	☐ Pathology Attached
☐ Diabetic Educator	☐ Health Summary Attached	☐ Pathology Attached
☐ Physiotherapist	☐ Health Summary Attached	
☐ Podiatrist	☐ Health Summary Attached	
☐ Exercise Physiologist	☐ Health Summary Attached	
☐ Respiratory Educator	☐ Health Summary Attached	

This service is supported by funding from the Country SA PHN through the Australian Government's PHN Program.

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Privacy

The Privacy Act requires client consent for the release of their information.

I (the client) give consent to:

- Be contacted by Sonder and service providers relevant to this referral using the contact details provided in this form.
- The collection, use, and exchange of information relevant to this referral between Sonder and other service providers involved in my care.

Client signature: ☐ **Or verbal consent** **Date:**

Submit the referral

Please submit this completed referral form and a copy of the patient health summary to Sonder.

Fax **(08) 8252 9433** or email **ipcreferrals@sonder.net.au.**

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