



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?

- ☐ Emma Robertson
☐ Marc Hicks
☐ John Wright

Thank you for seeing:

Patient Name: _____ Date of Birth: _____

Address: _____

Suburb: _____ Mobile: _____

Email: _____

My patient fulfils this criteria (please tick ☐)

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

☐ Have included a completed copy of 715 Aboriginal Health check or they have been booked in on ___/___/___ for it to be completed

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

- ☐ Cancer
☐ Cardiovascular
☐ Diabetes
☐ Renal Disease
☐ Respiratory Disease
☐ Asthma
☐ Other (i.e. Mental Health, Obesity, Musculoskeletal) Please List: _____

☐ 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 or preferred contact details _____

Comments on Patients Condition _____

Any other relevant information: _____

4 Rothesay Circle,
Goodwood, Tasmania 7010

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Glenorchy, Tasmania 7010

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