



Dietetics and Diabetes Education

ADULT REFERRAL FORM

Date: _____

Personal Details

Name: _____ Date of Birth: ____ / ____ / ____ Gender: _____

Address: _____

Suburb: _____ Postcode: _____

Preferred Contact Name: _____

Phone: _____ Email: _____

Carer Name: _____

Phone: _____ Email: _____

COVID-19 Vaccination Status: 1st Dose 2nd Dose Booster

Referral Details

Does the person have: Medicare Enhanced Primary Care Plan or Team Care Arrangement

Private Health Insurance

NDIS Details

Does the person have an NDIS Plan: Yes (*Please include the NDIS Plan to assist with processing of the referral*)

No

How is the NDIS Plan Managed:

Self-managed

Person responsible for payment: _____

Phone: _____ Email: _____

Are you able to pay upfront? Yes No

Plan Managed

Business Name: _____ Contact Name: _____

Phone: _____ Email: _____

Agency Managed

Support Coordinator

Support Coordinator Name: _____

Phone: _____ Email: _____

General Practitioner

General Practitioner Name: _____

GP Practice: _____

Do you give consent for us to liaise with the GP if necessary: Yes No

Allied Health Service Required

Dietitian

Diabetes Educator

Please continue to next page

Reason for Referral and Other Information

Please describe concerns (e.g. difficulties, concerns, goals):

Relevant Medical History (e.g. medication, supplements, weight history, current and previous diagnosis):

Other service providers involved, including previous therapy (please provide name):

Any additional information that you feel is relevant to this referral:

Referrer Information

Name: _____ Phone: _____

Role: _____

**Please return this completed form, a copy of the NDIS plan and any other relevant documentation to
Amity Health via one of the following methods:**

Post: PO Box 5294, ALBANY WA 6332

Fax: 9842 2798

Email: query@amityhealth.com.au

Thank you for your referral. Amity Health will contact you as soon as possible to discuss your referral.

**For more information please visit our website www.amityhealth.com.au or
contact Amity Health on 9842 2797**

Head Office: 136 Lockyer Avenue Albany WA 6330 | PO Box 5294 Albany WA 6332

Wheatbelt Offices: Merredin, Moora, Narrogin, Northam South-East Coastal Goldfields Office : Esperance

t: (08) 9842 2797 f: (08) 9842 2798 e: query@amityhealth.com.au www.amityhealth.com.au