



## What are my appointment options?

You have the option of an in-person appointment **or** telehealth consultation with our Amity Health Care Coordinators depending on your needs and location.


Telehealth is a useful option particularly if you live in an isolated regional area. Just remember, you will need to have good online connectivity!

We also work with Diabetes WA and the Asthma Foundation WA to access allied health support via telehealth.

## How can I get in touch with Amity Health?

Our main office is located at 136 Lockyer Avenue in Albany.

Should you wish to contact us, we can be reached by:

 (08) 9842 2797

 [query@amityhealth.com.au](mailto:query@amityhealth.com.au)

 [www.amityhealth.com.au](http://www.amityhealth.com.au)



Amity Health is a registered NDIS provider.

## ARE YOU LIVING WITH A CHRONIC CONDITION?

We can help you to access care coordination and allied health services



## What is a chronic condition?

It's an illness that is generally long-term requiring ongoing management across a broad range of health conditions.

## I have been diagnosed with a chronic condition

If you've recently been diagnosed with a chronic condition, it's normal to feel overwhelmed. It's a good idea to discuss your concerns and treatment options with your GP as you may be eligible to receive fee-free care coordination from Amity Health, through our [Integrated Chronic Disease Care \(ICDC\) program](#).

## What are the eligibility criteria for the ICDC Program?

- You must be 18 years or older
- Be diagnosed with a cardiovascular condition, diabetes, respiratory condition or morbid obesity
- Be referred to Amity Health by a GP, Nurse Practitioner or Remote Area Nurse, and have a GP Management Plan
- You need care coordination support to help manage your chronic condition
- You must live in one of the following regions:
  - the Great Southern
  - the Central Coastal Wheatbelt
  - the Eastern Wheatbelt
  - the Southern Wheatbelt
  - the South Coastal Goldfields

A new referral with a GP management plan, will be required every twelve months.

## How can a Care Coordinator help me?

Care Coordinators are trained in chronic disease care and can provide you with assistance and support to help you manage your condition.

Our Care Coordinators will work closely with your GP and any allied health providers you may use.

We have Care Coordinators in Albany, Esperance, Merredin, Moora, Narrogin and Southern Cross. They are available to assess your referral, and discuss with you the appropriate allied health services to support your health care needs.

Depending on your regional location, we can offer:

- diabetes education
- dietetics
- podiatry
- physiotherapy
- exercise physiology

## What are group programs?

Depending on your location, you may be referred into a group program designed to provide you with extra knowledge and support. These group programs include:

- Diabetes & Self-management (DESMOND)
- Better Breathers