South Eastern Sydney Local Health District

NSW GOVERNMENT

Facility:

REFERRAL - PLANNED CARE FOR BETTER HEALTH (PCBH) INTEGRATED CARE UNIT

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SES010470

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

REFERRAL FOR CARE COORDINATION / NAVIGATION / HEALTH COACHING

Planned Care for Better Health (PCBH) is a program for people living with chronic health conditions. The aim is to keep patients well in the community and reduce the risk of hospitalisation. The program runs for 12 weeks with a key focus of delivering person-centered care, promoting wellness, empowerment, and enablement. We do this by working with services to facilitate and deliver care coordination, care navigation and health coaching.

Hours of service Mon- Fri 8:00am – 4:30pm Enquiries: Call 02 9540 8175

Please return completed referral form to PCBH intake via:
Email: SESLHD-Intake-IntegratedCareUnit@health.nsw.gov.au OR Fax 02 9540 8164

PROGRAM ELIGIBLITY CRITERIA:

☐ Client has a chronic health condition
☐ Client consented to the referral (This service is by voluntary engagement and requires consent)

For Health Coaching referrals, does the client have the ability/interest in working towards self-management?
☐ Yes ☐ No ☐ Unsure

Please refer to our PCBH fact sheet for our referral considerations

CLIENT DETAILS

First name:	Surname:
Date Of Birth:	MRN (if known):
Home address:	Home phone number:
	Mobile phone number:
Preferred method of contact:	
Client identifies as ☐ Aboriginal / ☐ Torres Strait Islander / ☐ Both / ☐ Neither	
Preferred language:	Interpreter required: ☐ Yes ☐ No
Is the client a carer? ☐ Yes ☐ No	
Carer name (if applicable):	Carer contact number:

REASON FOR REFERRAL/HEALTH GOALS (select relevant boxes):

☐ At risk of unplanned emergency hospital visit / admission (potentially preventable hospitalisation)
☐ Difficulty managing complex health and social needs (multiple issues affecting health)
☐ Having trouble accessing the right services for care (health journey enhanced through coordinating care)
☐ Post COVID support and coordination
☐ Other _____

Client health goal/s (Please describe)

REFERRAL - PLANNED CARE FOR BETTER HEALTH (PCBH) INTEGRATED CARE UNIT SES010.470

NHSIS1221A 060224

South Eastern Sydney Local Health District

Facility:

REFERRAL - PLANNED CARE FOR BETTER HEALTH (PCBH) INTEGRATED CARE UNIT

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

REFERRAL FOR CARE COORDINATION / NAVIGATION / HEALTH COACHING

HEALTH HISTORY (referrals from GP please add health summary)

SOCIAL SUMMARY

SERVICES CURRENTLY USED

ARE THERE ANY SAFETY ISSUES?

(Current social / medical risk factors or other considerations for home visit purposes)

GP DETAILS

GP name:	Practice name:
Phone number:	Fax or Email:

REFERRED BY

Name:	Phone:
Organisation:	
Email:	Date:

OFFICE USE ONLY

eMR updated: ☐ Yes ☐ No	Referral source: ☐ Internal ☐ External	
Referral acknowledged by (name):	Date:	Method:

NO WRITING