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<https://www.seslhd.health.nsw.gov.au/sutherland-hospital/services-clinics/directory/respiratory-and-sleep-medicine-department>

DEPARTMENT OF RESPIRATORY & SLEEP MEDICINE

Dear Dr.

Date:

Re: Respiratory Co-ordinated Care Program (RCCP), The Sutherland Hospital

Your patient, _____ (DOB: / /), has received care from the RCCP. The RCCP provides medically supervised, respiratory specific, home-based nursing and physiotherapy care to patients residing in the Sutherland Shire. The main aim is to provide prompt assessment and management to patients with acute and/or chronic respiratory conditions, in their home environment. The care provided is guided by the Consultant Respiratory Physician involved in the patient's care. Patients may be reviewed at home following discharge from hospital or after assessment in the Consultant's rooms.

As part of this service, we can review your enrolled RCCP patient at home via face to face or telehealth. This review can occur as a matter of priority if needed. The RCCP team would liaise with yourself as the primary care physician regarding any change in your patient's clinical status or for acute management. We hope this service provides further support to yourself and your patients for ongoing management in the home, and that it will help streamline admission to hospital if required. I would be grateful if you would consider completing the form below as it pertains to your patient and allows for review of your patient in our clinic under the Medicare agreement. There is no out of pocket fee charged to your patient to see our medical staff.

If this meets with your approval, would you kindly complete the form below and either email to SES-LHD-SouthCareIntake@health.nsw.gov.au or fax to **02 9540 7869**.

Please advise us if you are not the primary care physician of this patient

Should you wish to refer any other patient with respiratory conditions to RCCP, please also fill in the form below and tick *New Referral*. Priority of entry to program are reserved for:

- Acute respiratory conditions
- Moderate to severe chronic respiratory diseases (e.g. chronic obstructive pulmonary disease, interstitial lung disease)
- Respiratory failure requiring domiciliary home oxygen or positive airway pressure support
- Vulnerable status (e.g. socially isolated; home-bound or difficulty to access transportation)

Please do not hesitate to contact me should you have any questions with regard to this important program.

Yours sincerely,
Dr Teresa Louie and Dr Corinna Pan
Respiratory Staff Specialist, The Sutherland Hospital
Ph: 02 9540 8460

<input type="checkbox"/> Patient already known to RCCP	<input type="checkbox"/> New Referral
Patient Name: _____	DOB: _____
Patients GP: _____	GP Provider # _____
GP Address: _____	
Phone: _____	Signature: _____ Date: _____
I would like the above patient for review and management of their respiratory condition which is: _____	
Please tick your preferred timeframe of consent for RCCP involvement: <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> INDEFINATE	
Please forward to: Respiratory Coordinated Care Program, Southcare, The Sutherland Hospital	
Email: SES-LHD-SouthCareIntake@health.nsw.gov.au	Fax: 9540 7869