**Fax completed form to ADA Australia: 07 3637 6001 or secure email to:** [**intake@adaaustralia.com.au**](mailto:intake@adaaustralia.com.au)

Eligibility criteria for referrals:

☐ People aged 65+ years (Aboriginal and Torres Strait Islander people aged 50+ years)

☐ Aboriginal and Torres Strait Islander people

☐ Culturally and linguistically diverse backgrounds

☐ Lesbian, gay, bisexual, transgender and intersex people

☐ Lives in rural or remote areas

☐ Limited access to technology or limited computer literacy

☐ Special website accessibility requirements, such as people who are vision impaired

☐ Financially or socially disadvantaged

☐ Socially isolated or at risk of social isolation

☐ Homeless or at risk of becoming homeless

☐ Disability

☐ Complex medical condition/s

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrer Details** |  | |  |  | |
| Name of Referrer |  | | Referrer Role: |  | |
| Practice Name: |  | | Ph/Fax: |  | |
| **Patient Details** | | | | | |
| Patient Name |  | | Postcode |  | |
| Gender |  | | Age |  | |
| Phone Contact Details  Carer/Patient Name: | | Carer/Patient | Phone Number: |  | |
| Interpreter Required? | | Yes / No | Specify Language |  | |
| **Consent for Referral\*** | | **Must complete** |  |  | |
| Has consent been provided for this referral? | | Yes / No | Signature: |  | |
| Has consent been provided to access MAC information? | | Verbal/written | Date of consent: |  | |
| **Additional information (*if required)*** | |  | **\*Please attach a patient health summary** | |  |
|  | |  |  |  | |

**Please note -** Referrals will be accepted by any position within a general practice, community pharmacy or allied health practice. This referral does not guarantee access to services and is based on availability and level of patient vulnerability. Referrals may be re-directed as part of the COTA Australia trials, or other local services that are more appropriate.