Social Worker in General Practice
Referral Form

Social Worker in General Practice eligibility criteria:	
This service is to provide supports to adults who have chronic health conditions to establish therapeutic supports to enhance self-efficacy and support wellbeing outcomes. The service will be suitable for individuals who meet **all** the criteria's (**please tick**):	
1. Diagnosed with one or more chronic conditions	☐
2. 18 years and over	☐
3. A Primary Care GP or Practice Nurse are the main parties responsible for the person's clinical health care	☐

Patient details:	
First Name:	Surname:
Date of Birth:	Gender:
Address:	
Email:	Contact Number:
Primary language spoken: Additional Languages spoken:	Ethnicity: Country of Birth:
Interpreter required? Yes ☐ No ☐ Unknown ☐	Preferred method of contact:
Refugee Background: Yes ☐ No ☐ Unknown ☐	Visa Type (if known):
Identify as: Aboriginal ☐ Torres Strait Islander ☐ N/A☐	Year of arrival in Australia:
Medicare Number:	NDIS Approved: Yes ☐ No ☐ Unknown ☐
Employment Status: Full Time ☐ Part Time ☐ DSP ☐ Unemployed ☐ Other please specify:	
Other supports/stakeholders/carer/ addition contacts details:	

Referrer Information:	
First Name:	Surname:
Position:	Clinic/Program:
Contact Number:	Email:

General Practitioner details (If required):

Practitioner name:	Practice name:
Phone number:	Fax Number:

As the referring Medical Practitioner/Health professional I confirm that:

I am satisfied the patient understands that by referring them to the Social Worker in General Practice service their personal information will be provided to Footprints. The provider will correspond with the referee listed above and will contact with the patient directly, and they have provided informed consent for this referral.

Referring General practitioner/ health professional signature:

Reasons for Referral:

Current Chronic Disease(s):

Bio-psychosocial factors (e.g. social isolation, employment, housing) and other current or relevant stressors e.g. recent diagnosis, financial stressors, family conflict:

Current Medications:

Please send the referral to Footprints alongside the patients GP Management Plan/health summary via:
Fax Footprints on 07 3252 3688
Email: SWIGP@footprintscommunity.org.au
Or Call on 0732523488: request to speak to the Social Worker in General Practice Service staff member
Or Via *Best practice within your selected General Practice*