Government of **Western Australia**
WA Country Health Service

Country PatHS
Country Patient Health Support

Country PatHS Service Referral Form

Please email completed form to CountryPatHS@health.wa.gov.au or call 0448 717 251.

ELIGIBILITY GUIDELINES:
To be eligible for Country PatHS, patients must meet the following criteria:

- Resident of the Kimberley, Pilbara, Midwest or Goldfields region, travelling to access specialist health care in the Perth metropolitan area not available locally.
- Require comprehensive journey support due to one or more of the factors below:
  - History of challenges when travelling to the Perth metropolitan area to access specialist health care, such as lack of engagement with medical care, accommodation security or missed return travel.
  - Complex psychosocial circumstances and / or mental health issues.
  - Multiple co-morbidities requiring complex medical care coordination.
  - From a remote community.
  - Requires interpreter services.
  - First visit to a metropolitan hospital.

PART 1 CLIENT DETAILS

Title:		UMRN (if known):
Surname:		Given name(s):
Date of Birth:		Identifies as Aboriginal: Yes ☐ No ☐
Gender:	Male ☐ Female ☐ Other ☐ Unknown ☐	Requires interpreter: Yes ☐ No ☐ Language:
Email address:		Contact number:
GP or medical clinic at home:		
Permanent residential address:		Perth accommodation address:
Referred to the Patient Assisted Travel Scheme (PATS): Yes ☐ No ☐ Unknown ☐		Travel dates and times (if known) Arrival: Departure:
Referred to Country Health Connection (CHC): Yes ☐ No ☐ Unknown ☐		Verbal Consent from client to make this referral: Yes ☐ No ☐
Reason for travel / diagnosis:		Health Service Provider in Perth:
Other services and agencies involved in patient care:		

Known appointments / admission details:	Known requirements for appointments if any e.g. fasting, withholding medication etc:

Does the patient have, or have a history of any of the following:

- ☐ Language and literacy barriers
- ☐ Complex health and social care needs
- ☐ Mental health concerns
- ☐ Multiple current stressors
- ☐ Intellectual or mental disorders
- ☐ Family or domestic violence
- ☐ Alcohol and other drug use
- ☐ Non – compliance with medication
- ☐ Disability and/or mobility issues
- ☐ Vision impaired
- ☐ Hearing impaired
- ☐ Social isolation
- ☐ Financial hardship

Reasons for referral to Country PatHS including barriers to receiving healthcare and/or anticipated challenges whilst in Perth for treatment (please see eligibility guidelines):

Would the patient benefit from a journey planning phone or videocall prior to travel to Perth? Yes ☐ No ☐

Who is the best person(s) to contact to assist with patient's health decisions?
Support persons listed in Part 2 below ☐ Other ☐ Please provide contact details below:

Name:	Contact details:

PART 2 SUPPORT PERSON AND/OR DEPENDANT DETAILS

Role: Support person ☐ Dependant under the age of 18 ☐

Surname:		Given name(s):
Date of Birth:		Identifies as Aboriginal Yes ☐ No ☐
Gender:	Male ☐ Female ☐ Other ☐ Unknown ☐	Requires interpreter: Yes ☐ No ☐ Language:
Email address:		Contact number:
Permanent residential address:		Perth accommodation address:
Referred to the Patient Assisted Travel Scheme (PATS): Yes ☐ No ☐		Additional information:

PART 3 REFERRER DETAILS

Name:	Role:	
Phone Contact:	Email:	
Organisation:	Signature:	Date:

Please note the patient, their supports and/or referrer may be contacted by Country PatHS for further information