Merri Health
Healthcare that moves with you

Title of form:	Client referral form

Reminder: referrals to aged care services for people 65 years and over is via My Aged Care. Call 1800 200 422.

Name*	
Address*	

	Suburb*		Postcode*	
Contact number*	Phone:		Mobile:	

Date of birth*	
Country of birth	
Preferred language	

Are you Aboriginal and/or Torres Strait Islander?

☐ Aboriginal   ☐ Torres Strait   ☐ Aboriginal and Torres Strait   ☐ Not applicable

Client emergency contact

Name*				
Contact number*	Phone:		Mobile:	
Relationship*				

GP details

Name	
Practice address	
Contact number	
Service requested*	
Reason why referral is required*	

Referrer details or person completing this form

Name		Organisation or relationship	
Contact number		Email	

Send completed referral form to: ***Fields must be completed**
Fax 03 9495 2599
Email service.access@merrihealth.org.au

Important: please be mindful of client privacy and Australian privacy laws when deciding how best to send this information. General and client summary information and clinical observations can be included on this form and sent to the email above. For content containing detailed medical history, medication lists or test results, please fax to 03 9495 2599.