My NutriHealth Tasmania
Head Office
73-75 Mount Street, Burnie TAS 7320
PO Box 510, Burnie TAS 7320
p 03 6431 8411 | **f** 03 6431 1417
e dietconsult@familybasedcare.org.au
ABN: 91 428 242 665

FORM - REFERRAL

My NutriHealth Tasmania is a division of Family Based Care Tasmania (FBC) - we welcome referrals from people within the community wanting to refer themselves to our services, or from other professionals wanting to refer people to our services.

Referrer Details

Referral Date			
Referrer's Name and Title			
Organisation (if applicable)			
Address			
Email		**Phone**	

Client Details

Client Name			
Preferred Name / Nickname			
Date Of Birth		**Age**	
Gender	☐ Male ☐ Female ☐ Other (please specify)		
Address			
Email		**Phone**	
Preferred Contact Method	☐ Phone ☐ Email ☐ SMS ☐ Other		
Occupation (if applicable)			
Is the client under 18 years old?	☐ Yes ☐ No		
If Yes:	Parent/Guardian Name(s)		
	Relationship to client		
	Phone, if different from above		
	Next of Kin/Guardian Name(s)		
	Relationship to client		
	Phone, if different from above		

GP Contact Details

GP Name						
GP Practice Phone						
GP Practice Name						
GP Practice Address	**Street Address**					
	City		**State**		**Postcode**	

Reason for Referral

Reason for Referral (Tick all that apply)	☐ Unintentional weight loss ☐ Diabetes Management ☐ Malnutrition ☐ Oncology Nutrition ☐ Renal Disease ☐ Weight Management ☐ Gastrointestinal Diseases ☐ General Nutrition Advice ☐ Sports Nutrition Packages ☐ Loss of Appetite ☐ Osteoporosis ☐ Heart Disease ☐ Coeliac Disease
Extra Referral Information (Please provide information about the key concerns so we can determine how to best meet client needs. Extra information can be attached if required.)	
Location Request	☐ Clinic appointment ☐ Home visit ☐ Phone / Telehealth

Medical Information

Relevant Medical History (including any past / current diagnosis and / or medical conditions)	
Are you currently taking any medication?	☐ Yes ☐ No
If Yes, please list medication and dosages	
Do you have any allergies / dietary intolerances?	☐ Yes ☐ No
If Yes, please specify	
Are you currently pregnant?	☐ Yes ☐ No

Other current therapists / services engaged with	

Nutrition Goals

What are your goals or what do you hope to achieve by seeing the dietitian?	

Funding

Funding type (Please tick)	☐ NDIS	☐ HCP	☐ CHSP
	☐ HACC	☐ Private	☐ Medicare (care plan)
NDIS	Participant Number:		
	Type (NDIA, Plan, Self):		
	Plan Manager (*if applicable*):		
	Person/s responsible for Billing:		
	Plan Start Date:	Plan End Date:	
	Available funds/hours for each service referred:		
Medicare	Number:	IRN:	Expiry Date:
Private Health Fund	Fund Name:		
	Number:	Expiry Date:	
Dept Veteran Affairs Card	Number:	Expiry Date:	

All referrals should be sent to:

Family Based Care Tasmania
PO BOX 510
Burnie TAS 7320

email: admin@familybasedcare.org.au
fax: 03 6431 1417