BAUER TWINS HEALTH HUB

DIETETICS & DIABETES CARE

1/24 Crofton Street, Bundaberg Central, 4670
admin@bauertwinshealthhub.com.au
www.bauertwinshealthhub.com.au

BAUER TWINS
HEALTH HUB
DIETETICS AND DIABETES CARE

Participant / Client Details

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Funding / Program Details

Referral / funding stream: ☐ NDIS ☐ Aged Care ☐ Private / Other

NDIS Number:

Aged Care Number:

Plan / Funding Start Date:

Plan / Funding End Date:

NDIS Plan Type: ☐ Self-managed ☐ Plan-managed ☐ Agency-managed

Dietitian Item Code:

Reason for Referral

Please provide a brief reason for referral:

Primary Contact Person

Name:

Relationship:

Phone:

Email:

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NDIS Support Coordinator

Name:

Organisation:

Email:

Phone:

NDIS Plan Management

Name:

Organisation:

Email:

Phone:

Aged Care - Care Manager

Care Manager Name:

Organisation / Provider:

Email:

Phone:

Required Referral Attachments

Please attach the following to all referrals:

- ☐ Current Health Care Summary
- ☐ Current Medication List

These documents help us review relevant medical history and medications before the appointment.

Referrer Details

Referrer Name:

Organisation / Practice:

Phone:

Email:

Referral Date: