



Medical Practitioner - Social Prescribing Referral Form

Thank you for your referral to our Health Care Link Worker. You can submit this form to us by email: linkworker@mgcci.org.au or by fax on (07) 3420 4366 or by post: Mt Gravatt Community Centre, PO Box 806, Mt Gravatt, Qld, 4122.

Referrer Details	
Referrer's name:	Phone:
Date of Referral:	Email:
Practice:	Fax:
Client Details	
Name:	DOB:
Gender:	Phone:
Address:	Email:
Languages & Dialects spoken:	Is an Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity/cultural identity:	Country of birth:
Client Consent	
<p>Client details will be held securely in compliance with the Information Privacy Act 2009. Please confirm that verbal consent has been obtained from the client for their personal details to be passed onto the Mt Gravatt Community Centre, Ways to Wellness Project.</p> <p>Yes <input type="checkbox"/></p>	

Referral Details (reason for referral)	
Well-Being Needs What are the client's current well-being concerns:	Health Concerns What existing health concerns/medications do we need to be aware of:
Interests	
Safety Client's current safety and risk factors (including self-harm, suicidal ideation, DV, etc.):	
<p style="text-align: center;">THANK YOU for the referral.</p> <p>If you have any questions please contact us on 0491 625 869 or email: linkworker@mgcci.org.au.</p>	