

InTouch COVID Care**GP Referral Form for InTouch COVID Care Service****Referral Guidelines**

- Please complete this form and return to: WSLHD-ICH-ICCP-COVID19@health.nsw.gov.au
- Note that sections marked with an asterisk (*) are mandatory fields.
- The team works across multiple locations and can be contacted by the email address above.
- For any urgent client enquiries, please call the team InTouch COVID Care line on 1800 022 222

Client Information

Given Name(s)*	
Family Name(s)*	
Address*:	
Suburb*:	Postcode:
Date of Birth:	Sex:
Mobile Phone:	Home Phone:
Medicare No:	
Home Phone*:	
Email Address:	
Interpreter required? Yes No	Preferred Language:
Is the client aware of the referral? Yes No	
Is the client Aboriginal or Torres Strait Islander?*	

Referrer Information

Referrer Name:	Referrer Date:
Referrer Phone:	Referrer Organisation:
Referrer Email:	

Main Concerns

Date of Symptom First Onset		
Date of when tested for COVID19		
Please identify key symptoms	Symptom	Date
	Cough	
	Fever	
	Shortness of Breath	
	Sore Throat	
	Loss of Smell or Loss of Taste	
Headache		
Other symptoms		
Pre-existing Medical Conditions		
Vaccination Status, type and date		
Does the patient require support worker assistance?	Yes	No
Household contacts		