

Patient Education Referral Service



**Asthma
Australia**

Referrer Details

Date of Referral		Postcode	
Referrer Name			
Role			
Health Service Name			
Phone		Fax	
Email			

Patient Consent and Contact Details

Patient Name		Age	
Who are we contacting	<input type="checkbox"/> Patient (as above) <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Other:		
	Contact Name		
Contact number			
Email			
Interpreter required	<input type="checkbox"/> No <input type="checkbox"/> Yes	Language:	

Consent has been obtained from this patient to provide their contact details to Asthma Australia/local Asthma Foundation for the provision of asthma education and support. This is a free service through the Community Support Program.

Relevant Notes

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Please send completed referral to:

Email: advice@asthma.org.au OR **Fax:** 03 9326 7055

Asthma Australia values your privacy and the security of your personal information. You can view our Privacy Policy at asthmaaustralia.org.au

For more information, contact your local Asthma Foundation.
1800 ASTHMA (1800 278 462) or visit asthmaaustralia.org.au