

Aboriginal Acute Care Coordination Program (AACC) - Referral Form

The AACC program is available when patients are admitted to RPH and discharged with an acute condition into the Perth metro area or Kimberley regions of country WA. Through care coordination the program aims to provide advocacy, support and health education to improve the health journey of Aboriginal clients.

PATIENT DETAILS (or insert sticker)	REFERRER
Surname First	Name
Address	Organisation
Postcode Phone	Address
UMRN:	Postcode PhoneFax
D.O.B	
Alternate Contact Phone	GP DETAILS (If Possible)
Aboriginal ☐ Yes TSI ☐ Yes Non-Aboriginal/TSI ☐ Yes	Name
Country of Birth	GP Practice
English first language Yes No .	Address
Interpreter Required Yes No .	Postcode PhoneFax
Visual Impairment Hearing Impairment	
	Discharge Information:
ITC Provider Yes No	
Provider Details:	
GPMP Yes No	
Transport Required Yes No	
Registered with NDSS? Yes No	
Current Specialists Appointments in place: Yes No	
If yes, list:	
	Outpatient Appointments/Follow Up:
Allergies/Alerts:	·
Signature:Name:	Date:

Aboriginal Acute Care Coordination Program

AboriginalAcuteCareCoordination@health.wa.gov.au