

CONFIDENTIAL

ASTHMA INFOLINE REFERRAL FORM



Asthma
Foundation NSW

To be completed by a health professional

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To	Asthma Foundation NSW
From	Referrer's Name:
	<input type="checkbox"/> GP <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Other Health Professional: _____
	Name of Practice:
	Address of Practice:
	Phone:
	Email:

Patient Consent and Contact Details

By sending this form to Asthma Foundation NSW, your patient will receive a telephone call within two working days from staff of the Asthma InfoLine to discuss their asthma and asthma self management. This is a free service.

<input type="checkbox"/> I have discussed this with my patient and they consent to being contacted by AFNSW InfoLine to discuss their asthma (GP/Practice Nurse/Health Professional).			
Patient details	Title:	First name:	Surname:
Who are we contacting?	<input type="checkbox"/> Patient <input type="checkbox"/> Parent of patient <input type="checkbox"/> Other _____		
	Contact Name:		
Contact phone no.:			
Best time to call?	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening (all calls made Mon-Fri)		
Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes : Language: _____			

For more information, call Asthma InfoLine on 1800 645 130

FAX to (02) 9906 4493
Or EMAIL ask@asthmafoundation.org.au