

Service Coordination Tool Templates 2009 user guide



Service coordination publications

1.
Victorian
Service
Coordination
Practice
Manual

2.
Good Practice
Guide

3.
Continuous
Improvement
Framework

4.
SCTT 2009
User Guide

Service Coordination Tool Templates 2009 user guide

Published by the Primary Health Branch, Victorian Government Department of Human Services, Melbourne, Victoria, August 2009

© Copyright State of Victoria 2009

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne

This document may also be downloaded from the Department of Human Services website at:
<http://www.health.vic.gov.au/pcps/coordination>

Contents

Introduction

About this guide	1
About service coordination	2
The Service Coordination Tool Templates	4
Using SCTT	5
An example template	8

Core templates

Confidential Referral Cover Sheet	9
Consumer Consent to Share Information	10
Consumer Information	12
Summary and Referral Information	13

Optional templates

Optional templates—Profiles	15
Profile: Need for Assistance	16
Profile: Health Behaviours	17
Profile: Living and Caring Arrangements	18
Profile: Health Conditions	20
Profile: Psychosocial	22
Profile: Family and Social Network	24

Supplementary templates

Functional Assessment Summary	27
Palliative Care Supplementary Information	29

Care Coordination Plan

Care Coordination Plan	33
------------------------	----

General practitioner's referral tool (VSRF)

The Victorian Statewide Referral Form (VSRF) for general practice	37
GP Referral	38

Code sets and other resources

Code sets	41
References and where to find them	53
Your Information—It's private	55
Translations	56

Abbreviations

ACAS	Aged Care Assessment Service
CACP	Community Aged Care Package
CCP	Care Coordination Plan
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
INI	Initial Needs Identification
MDS	Minimum Data Set
PCP	Primary Care Partnership
SACS	Sub-acute Ambulatory Care Services
SCTT	Service Coordination Tool Templates
VSRF	Victorian Statewide Referral Form

Definitions

Authorising representative	This means the consumer's guardian, or attorney under an enduring power of attorney, or agent under the <i>Medical Treatment Act 1988</i> , or administrator or a parent if the consumer is a child, or the 'person responsible' under the <i>Guardianship and Administration Act 1986</i> (for description of this see www.publicadvocate.vic.gov.au)
Carer (unpaid)	A person(s) who, through family relationship or friendship, looks after a frail older person or someone with a disability or chronic illness. Carers look after these people in the community or in their own homes (DoHA, 2006).
General practice	General practice provides primary medical health services and may include GPs, practice managers, practice nurses and other allied health/ medical specialist services.
Health service	Health Service in accordance with the <i>Health Records Act 2001</i> , means: <ul style="list-style-type: none"> a) an activity performed in relation to an individual <ul style="list-style-type: none"> • to assess, maintain or improve the individual's health or • to diagnose or treat the individuals illness, injury or disability b) a disability service, palliative care service or aged care service c) the dispensing on prescription of a drug or medicinal preparation by a pharmacist.
Practitioner	Someone who actively practises a learned profession or occupation.

Disclaimer

The *Service Coordination Tool Templates 2009 user guide* provides broad guidance to assist and support human and health service providers in the use of the Service Coordination Tool Templates. It is not intended as legal advice nor as a comprehensive analysis of privacy law. Where complex issues arise, it may be appropriate to seek legal advice.

Introduction

About this guide	1
About service coordination	2
The Service Coordination Tool Templates	4
Using SCTT	5
An example template	8

About this guide

Service coordination places consumers at the centre of service delivery to ensure that they have access to the services they need, opportunities for early intervention and health promotion, and improved health outcomes.

The **Service Coordination Tool Templates** (SCTT) is a suite of templates developed to facilitate and support service coordination practice.

The SCTT are designed for recording and sharing of consumer information as part of the implementation of service coordination. They can:

- support service providers to collect and share common consumer information
- support service providers to consider information across a broad range of health and wellbeing domains in accordance with the social model of health
- assist service providers to consistently record information generated by service coordination processes such as initial contact, initial needs identification, assessment and care planning
- assist service providers to record consumer consent to share information
- assist service providers to make quality referrals, provide feedback and develop care plans
- reduce the burden on consumers to provide the same information to each service provider.

The **SCTT 2009 user guide** is a practical resource to assist in the use of the templates. The guide provides an introduction and overview of the templates, and points for service providers to note in completing them. The guide incorporates changes to the SCTT resulting from the 2009 revision cycle. The SCTT2009 user guide also includes an overview of the general practitioner's referral tool, the Victorian Statewide Referral Form.

The *SCTT 2009 user guide* can be downloaded at: www.health.vic.gov.au/pcps/coordination

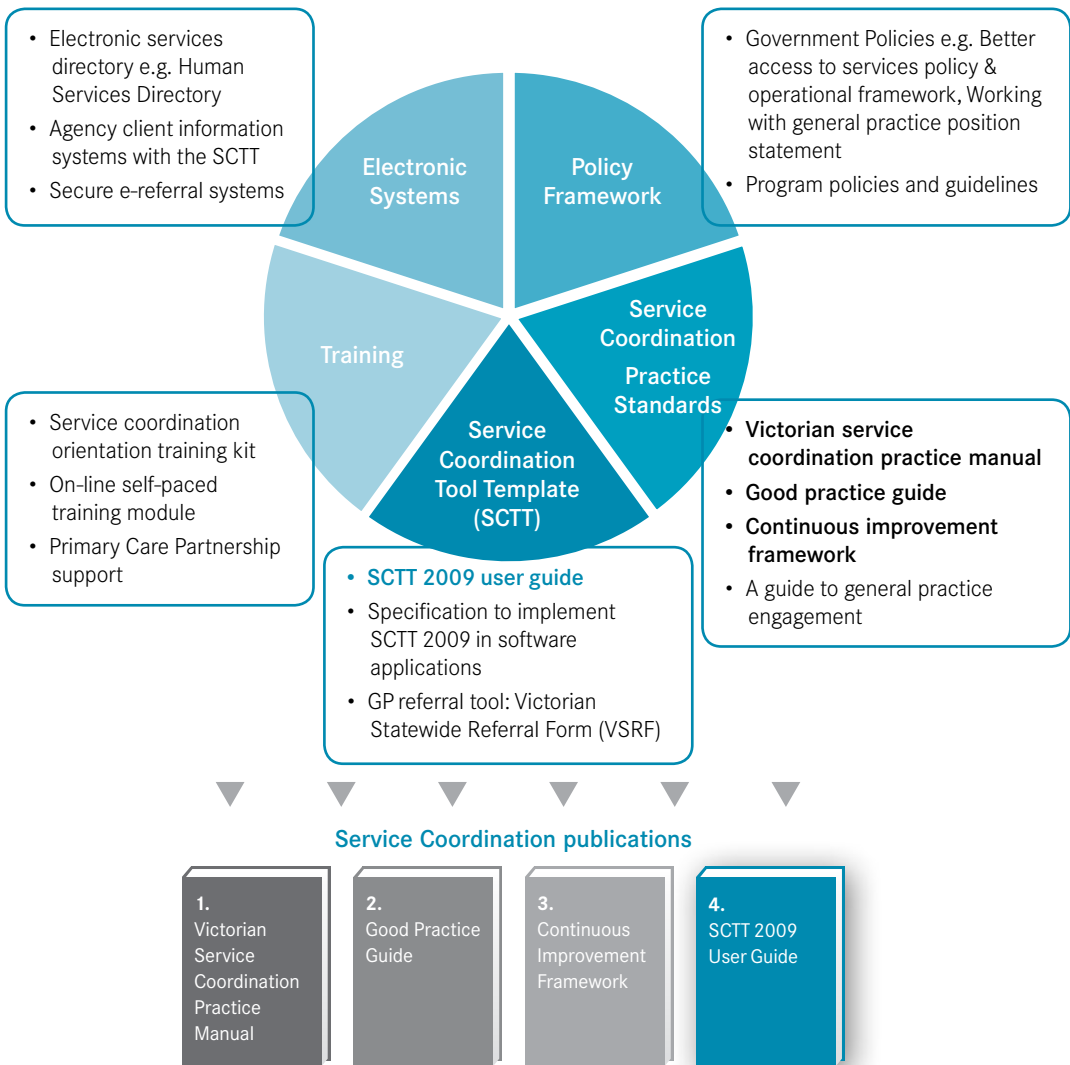
About service coordination

Service coordination places consumers at the centre of service delivery to make sure they have access to the services they need, opportunities for early intervention and health promotion, and improved health outcomes.

Service coordination stems from the *Better access to services policy and operational framework* (DHS, 2001). Victoria’s service coordination agreed practice standards are outlined in the *Victorian service coordination practice manual* (DHS, 2007).

The implementation of service coordination is supported by partnerships, policy, practice standards, training and other resources. The information resources listed in figure 1 can assist you to learn about and implement service coordination. For details of these resources and where to find them, see the ‘Code sets and other resources’ section in this guide.

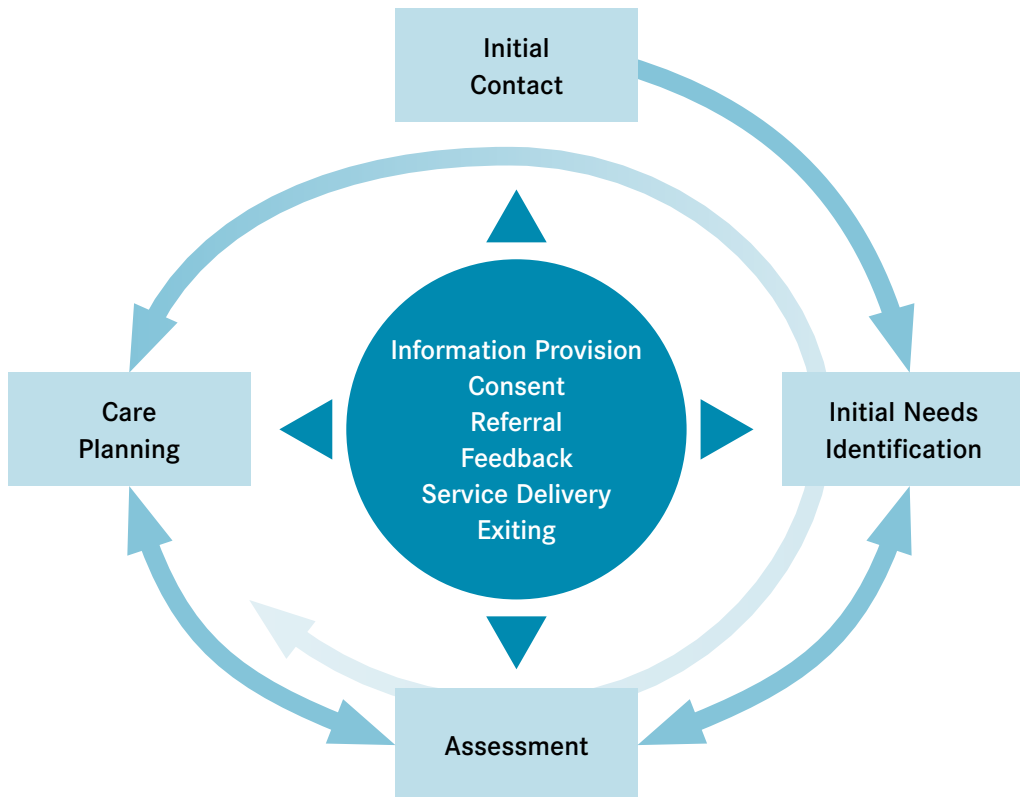
Figure 1: Supports for implementation of service coordination



As shown in figure 2, the key elements of service coordination are **initial contact, initial needs identification, assessment** and **care planning**¹. Processes such as information provision, consent to share information, referral, provision of feedback, service delivery and exiting can occur at any stage.

When and how service coordination elements are implemented depends on the consumer group and the service provider setting. For example, in some agencies initial contact and initial needs identification are carried out by the same person (such as an intake worker) and assessment is conducted by a different person. In other agencies, one person may conduct initial needs identification and assessment processes at the same time. The SCTT are designed to support the elements of service coordination.

Figure 2: Service coordination elements



1 *Better Access to Services: A Policy and Operational Framework*, DHS June 2001

The Service Coordination Tool Templates

The Service Coordination Tool Templates (SCTT) is a suite of templates developed to facilitate and support service coordination. The SCTT support the collection and recording of initial contact, needs identification, referral and care planning information in a standardised way. Using the SCTT can improve communication, the recording of information generated by screening and assessment processes, information sharing, and the quality of referrals and feedback between service providers. This can assist agencies to share relevant information to support better outcomes for consumers.

Many service providers have integrated SCTT into their practice guidelines and reporting mechanisms. For program-specific requirements about use of the SCTT, refer to program-specific guidelines. The templates are not designed to be used as a minimum data set (MDS) for reporting or as program-specific collection tools.

As a broad range of services and programs implement service coordination, SCTT are designed to meet the requirements of many service types and many consumer groups. To meet the needs of new and existing users, a continuous improvement approach has been adopted to update the SCTT. For more information, see www.health.vic.gov.au/pcps/coordination

The Victorian Statewide Referral Form

The Victorian Statewide Referral Form (VSRF) is a simple template to assist general practice in providing a standardised, quality referral to state-funded health care providers.

To support effective re-use of information, data items in the VSRF that are the same as in the SCTT, use the same data standards.

Using SCTT

When service providers interact with consumers, they collect information. This information forms part of the consumer registration process. It documents consumer needs, informs assessment, care planning and review processes, and is used for referral purposes. The SCTT provide a standardised way to record this information.

The SCTT are available in most client information management software applications used by health and community service providers. In some client information management software applications, the templates may look different to the hard copy visual standard; however, when shared between service providers via secure electronic referral or secure fax, and when printed, the tool templates look the same as the hard-copy visual standard.

The SCTT comprise a combination of core, optional and supplementary templates. Table 1 lists all of the current templates.

Core templates are the Confidential Referral Cover Sheet, Consumer Information template and Summary and Referral Information templates. These core templates are used to send a referral after the consumer has provided consent to share information. The Consumer Consent to Share Information template is used to record consumer consent. It does not have to be sent to the service receiving the referral unless it is requested by them (refer page 11).

If a receiving service requires information in addition to that contained in SCTT, additional information can be attached to the SCTT referral.

Optional templates or profiles support the recording of further information on areas relevant to the consumer's circumstances and presenting needs. These templates or profiles are designed to record screening level information. The templates can be used as part of the initial needs identification process to inform the need for assessment and to inform care planning. They should not be used as assessment tools.

Service providers should use their professional judgement when using the templates. Not all optional templates or profiles will be relevant for every consumer. Depending on available information and relevance to consumer needs, some items within a profile may not be required and it may be appropriate to partially complete templates.

Supplementary templates are designed to be used in particular circumstances by practitioners from a specific professional background and with specific skills (see each supplementary template).

Use of the optional and supplementary templates to support information sharing as part of the referral process will depend on needs of the consumer, service provider business rules, local protocols and program-specific requirements. Refer to the relevant program guidelines to determine the optional or supplementary templates to be sent with each referral.

Using Victorian Statewide Referral Form

The Victorian Statewide Referral Form (VSRF) is a simple template for referrals from general practice to other health and human service providers.

Table 1 SCTT—list of templates

Core templates	Description
	The templates used to make a referral to another service. These templates contain the minimum information required for an effective referral and for the receiving service to act on the referral.
Confidential Referral Cover Sheet	Used when sending or receiving a referral.
Consumer Information	Contains: demographic information, contact details, general practitioner (GP) details, pension/entitlements and insurance status and referral acknowledgement.
Summary and Referral Information	Presenting issues, reason for referral, alerts, current services, referral action plan.
Consumer Consent to Share Information	Records consumer consent for the service provider to share information.* It is a requirement to obtain consent to share information, if the consumer has the capacity. This template does not need to be sent to the service provider with a referral, unless it is requested.

Optional templates	Description
	These templates record screening level information relevant to the consumer's circumstances and presenting needs. The templates can be used as part of the Initial Needs Identification process to inform the need for assessment and to inform care planning. Service providers should use their professional judgement in deciding which templates and which items are relevant for each consumer.
Profile: Need for Assistance	functional needs such as domestic, personal, mobility, transport, cognition, behaviour and communication
Profile: Living and Caring Arrangements	living arrangements, accommodation, employment or school status, financial and legal profile, consumer's carer information
Profile: Health Behaviours	nutritional risk, smoking, oral health, alcohol use, gambling, physical activity and physical fitness

* The associated one page brochure *Your information—it's private*, should be provided to the consumer.

Optional templates	Description
Profile: Health Conditions	overall health, pain, chronic conditions, oral health, vision, hearing, falls, health conditions, medications
Profile: Psychosocial	personal and social support, mental health and wellbeing
Profile: Family and Social Network (released July 2009)	family network, including: children, young people, adults, parents, guardians, primary carer, grandparents, extended family members, friends and significant others
Care Coordination Plan (released July 2009)	records a coordinated care plan for consumers with complex and/or multiple needs

Supplementary templates	Description
Functional Assessment Summary	records and shares information following an assessment of the consumer's functional abilities and need for assistance
Palliative Care Information (released July 2009)	additional information required for palliative care referrals

Victorian Statewide Referral Form	
Victorian Statewide Referral Form (VSRF)	used by general practitioners (GPs) when referring from general practice to other health and human service providers

An example template

There are a number of features common to completing all templates.

The image shows a screenshot of a software form titled "Profile: Sample". The form is divided into several sections. At the top right, there is a "Consumer" section with fields for Name, Date of Birth, Sex, and IPI Number. Below this are sections for "Living Arrangements", "Accommodation", "Employment Status", "Financial and Legal Profile", "Disability", and "Services". Each section contains various text boxes and checkboxes. On the right side of the form, there are several dropdown menus and checkboxes, with a vertical label "Code Set" on the far right. Annotations with arrows point to specific parts of the form: one points to the "Consumer" section with the text "Place label here if available"; another points to a dropdown menu with the text "Record the code and description of the item"; a third points to a list of dropdown menus with the text "All code sets are listed in the SCTT Code Set—see pages 41–52"; a fourth points to a large text area with the text "Document the name and service provider details of the person who collected the consumer information. This may or may not be the same person who sends the information to another service for the purposes of referral or feedback."; and a fifth points to a date field at the bottom with the text "The date of collection indicates which template is the most recent.".

- To update consumer information that has previously been recorded, complete the relevant template again and retain a copy of the previous and the amended template

Core templates

Confidential Referral Cover Sheet	9
Consumer Consent to Share Information	10
Consumer Information	12
Summary and Referral Information	13

Confidential Referral Cover Sheet (page 1 of 1)

This is a core referral template

Priority is the relative urgency of this consumer in relation to other consumers who require the same service. Priority is usually determined through initial needs identification or assessment

Urgent is a recommendation that the consumer will have priority over others being seen routinely from a waiting list

The **Renewal (ACAS)** box should only be ticked when referring to Aged Care Assessment Service (ACAS) for annual renewals of an approval for a Community Aged Care Package, low level residential care and time-limited approval for all other types of care. If this box is ticked, put the type of care and date of expiry of the current approval in the Reason for Referral box on the Summary and Referral Information template. Details of the legislative changes to the *Aged Care Amendment Act 2008* can be found at www.health.gov.au/acats

Refer to pages 10 and 11 for use of the **Consumer Consent to Share Information** template

This section is for the receiver of the referral to acknowledge receipt of the referral and advise the referrer of the response

- This template is required for all referrals to other services and has a section for the receiver to acknowledge receipt of the referral.
- The Confidential Referral Cover Sheet, the Consumer Information template and the Summary and Referral Information template contain the minimum information for an effective referral.

Consumer Consent to Share Information (page 1 of 1)

Consumer Consent to Share Information

To assist in providing services, we need to share information with other service providers. This consent allows you to give your permission for us to share information with other service providers for a specific purpose.

Consent

Name: _____

Date of birth (mm/dd/yyyy): _____

Sex: _____

OH Number: _____

in all 54 languages

Section 1: Proposed Information Uses and Disclosures

Service Type	Name of Agency	Type of Information	Purpose
<input type="checkbox"/> Physical/behavioral <input type="checkbox"/> Behavioral or mental	Business - Any agency - Government agency	Identifying info or contact info Demographic All records information Treatment info	Treatment Payment Case management

Section 2: Record of Consumer Consent

2(a) Written Consumer Consent

The written consumer has discussed with me the use and only written information that may be shared with other service providers. I understand this and I give my informed consent for my information to be shared as outlined below:

Signed: _____

Date (mm/dd/yyyy): _____

Signed by:

Consumer (OR)

Authorized representative on behalf of _____

Witnessed by:

Signed: _____

Date (mm/dd/yyyy): _____

Name of Professional Agency: _____

Position: _____

2(b) Verbal Consumer Consent

Written/Printed (If Any)

(Verbal consent should only be used when it is not practicable to obtain written consent.)

I have discussed with the authorized consumer's authorized representative the privacy-related information that may be shared with other service providers. I am satisfied that they have been informed and that informed consent for the information to be shared as outlined above has been given.

Signed: _____

Date (mm/dd/yyyy): _____

Witness/Professional Name: _____

Position: _____

To assist in providing services, we need to share information with other service providers. This consent allows you to give your permission for us to share information with other service providers for a specific purpose.

I understand that the consumer's information will only be shared with State or local agencies if the consumer has agreed and when releasing agency has consent for service user and program if the consumer does not agree information released.

I provide the consumer with appropriate privacy training, such as the brochure "Your Information - It's Private".

I provide the consumer with a copy of this form if requested (see guidelines page 56).

Printed by the Version Manager of Health Services, 2009

Consumer Consent to Share Information

For consumers who are not capable of giving consent, see note below

The Consumer Consent to Share Information template and the brochure *Your information—it's private* are available in 54 languages (page 56)

- The Consumer Consent to Share Information template complies with current State and Commonwealth legislative requirements.
- The template should be completed to obtain consumer consent to share information but does not need to be sent to the service provider with a referral, unless it is requested.
- Indicate on the Summary and Referral Information template whether consent to share information has been obtained from the consumer or authorised representative.
- Consent to share information must be obtained if the consumer **has the capacity** to give consent.
- If the consumer **does not have the capacity** (i.e. they are unable to understand the nature of what they are consenting to, or the consequences), consent must be sought from the consumer's authorised representative (see definition page v). If it is not reasonably practical to obtain consent from an authorised representative or the consumer does not have an authorised representative, health information can still be shared in the circumstances set out in Health Principle 2.2 of the *Health Records Act 2001*. This includes where the sharing of information is by a health service provider and is reasonably necessary for the provision of a health service or where there is a statutory requirement. For further circumstances for disclosure see www.health.vic.gov.au/hsc/infosheets/disclosure.pdf
- If the consumer **refuses consent** to share information, a referral can proceed. However, the service provider to which the consumer is referred will need to obtain the information they need from the consumer.
- The Consumer Consent to Share Information template and the brochure *Your information— it's private* in the 57 languages (including Easy Speak) can be downloaded at www.health.vic.gov.au/pcps/coordination.

Consumer Information (page 1 of 1)

This is a core referral template

The image shows a screenshot of the 'Consumer Information' form. Several sections are highlighted with blue arrows and callouts:

- Consumer:** Points to the top right section containing fields for Name, Date of Birth, Sex, and Address.
- Consumer Details:** Points to the middle left section containing fields for Family Name, Street Address, Preferred Name, Date of Birth, Sex, Home Address, and Postal Address.
- Who the Agency Can Contact if Necessary:** Points to the middle right section containing fields for Person 1 Name, Phone Number, and Person 2 Name.
- Legal Orders:** Points to the bottom right section containing checkboxes for Legal Orders, Government Power/Health Status, Health Care Card Holder Status, Medicare Card, Health Insurance Status, DVA Card Entitlement, and Compensation Pending Status.
- Comments:** Points to the bottom right section containing a large text area for additional information.

Do not replicate details if a current label can be attached

Update consumer or carer contact details, such as address and phone number, as details change

Legal orders refers to intervention and Family Court orders

Use the **comments** box to record any additional comments or relevant consumer information not listed on the template. For example:

- ambulance cover/number
- specify type of legal authority (medical, financial)
- if using the template for registration record the source of referral

- The Confidential Referral Cover Sheet, the Consumer Information template and the Summary and Referral Information template contain the minimum information for an effective referral.

Summary and Referral Information (page 1 of 2)

This is a core referral template

The image shows a screenshot of a form titled "Summary and Referral Information". The form is divided into several sections. On the right side, there are blue arrows pointing from explanatory text to specific fields in the form. The explanatory text includes:

- "List general **presenting issue(s)**, such as: consumer reports pain when walking" (points to "Presenting issue(s) as identified by Consumer")
- "List the specific reason, such as: consumer has an ingrown toenail requiring podiatry" (points to "Reason for Referral")
- "Provide a summary of issues from the initial needs identification process" (points to "Description of issues as identified by the Initial Needs Identification (INI) - Current presentation/code, presenting problem(s) - Current or identified future presenting problem")
- "Do not duplicate information if the Health Conditions profile is sent with the referral" (points to "Medications")
- "Record other relevant issues" (points to "Other")
- "Note details of other profiles or assessment summaries sent with the referral" (points to "Other")
- "If more than one type or category of **risk** applies, code and describe the primary or most significant risk, and describe the other risks in the additional comments box" (points to "Additional comments regarding priority")

- The Confidential Referral Cover Sheet, the Consumer Information template and the Summary and Referral Information template contain the minimum information for an effective referral.
- Service providers can use this template to summarise initial needs identification and action planning (see next page).

Summary and Referral Information (page 2 of 2)

This is a core referral template

Summary and Referral Information
 To record and send a summary of the consumer's circumstances and an action plan when making a referral.

Consumer
 Name: _____
 Date of birth (YYYYMM): _____
 Sex: _____
 UFF Number: _____

Current Services
 Record services used in the last 12 months. Complete all health assessment codes.

Agency	Service Type	Recommendation/Action to other (Referral/Assessment)

Referral Action Plan
 Taking into account the request that the consumer is seeking services and My UFF (see below) provide the action plan.
 A Consistency Method Summary (see action required).

Date Referral Made: (YYYYMM) _____

Agency	Service Type	Reason/Referral	Purpose of Referral	Feedback to:

Annotations:

- Record the details of **current services** used by the consumer in the last 12 months. This list indicates consumer problems and issues to inform an action plan or care coordination
- See **Service Type** code sets on pages 49–52
- The **Referral Action Plan** is a summary of the referrals sent by the service for the current episode. It informs the receiver about the range of services to which the consumer has been referred
- List **Consumer Consent** and **Referral Method** codes—see Code Sets on page 41
- Include a description of the **purpose of referral**
- Indicate whether **feedback** on the referral or assessment outcome is required and the name of the practitioner requiring the information

- For information about health and community services in Victoria refer to the Human Services Directory (www.humanservicesdirectory.vic.gov.au).

Optional & supplementary templates

Optional templates

Optional templates—Profiles	15
Profile: Need for Assistance	16
Profile: Health Behaviours	17
Profile: Living and Caring Arrangements	18
Profile: Health Conditions	20
Profile: Psychosocial	22
Profile: Family and Social Network	24

Supplementary templates

Functional Assessment Summary	27
Palliative Care Supplementary Information	29

Optional templates—Profiles

Optional templates record further information on areas relevant to the consumer’s circumstances and presenting needs. The profiles are designed to assist in broad-based screening and needs identification—they are not diagnostic or assessment tools.

Completing the profiles is optional. How your service uses the profiles will depend on the policies and procedures of the service, any local protocols or agreements and the relationship with the consumer.

Service providers should use their professional judgement when using the templates. Not all optional templates or profiles will be relevant for every consumer and some items within a profile may not be required, so that it may be appropriate to partially complete a template.

Optional templates	Description
	These templates record screening level information on areas relevant to the consumer’s circumstances and presenting needs. Service providers should use their professional judgement in deciding which templates and which items are relevant for each consumer.
Profile: Need for Assistance	functional needs such as domestic, personal, mobility, transport, cognition, behaviour and communication
Profile: Living and Caring Arrangements	living arrangements, accommodation, employment or school status, financial and legal profile, consumer’s carer information
Profile: Health Behaviours	nutritional risk, smoking, oral health, alcohol use, gambling, physical activity and physical fitness
Profile: Health Conditions	overall health, pain, chronic conditions, oral health, vision, hearing, falls, health conditions, medications
Profile: Psychosocial	personal and social support, mental health and wellbeing
Profile: Family and Social Network (released July 2009)	family network including children, young people, adults, parents, guardians, primary carer, grandparents, extended family members, friends and significant others

For **initial needs identification**, only complete those profiles relevant to the consumer’s presenting problems and needs.

For **referral**, send the profiles relevant to the consumer’s needs and the purpose of the referral. Additional or supplementary information can be sent as an attachment to the referral.

If your service has completed a **detailed assessment** of the consumer, send either a copy of the assessment or an assessment summary as an attachment to the core referral templates instead of, or in addition to, the profiles.

Profile: Need for Assistance (page 1 of 1)

This is an optional template

Profile: Need for Assistance

To assess a consumer's need for assistance at home or to determine a need for assistance with activities of daily living.

Consumer

Name: _____

Date of birth (mm/dd/yyyy): _____

Sex: _____

OH Number: _____

or other valid form: _____

Questions to be asked by consumer (or by carer) with responses by consumer:

Area	Screening Questions	Comments
Domestic	Has difficulty in tasks associated with home with e.g. <ul style="list-style-type: none"> • Doing housework and laundry • Preparing meals • Preparing for food and household tasks • Other – please specify 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Personal	Has difficulty in tasks associated with e.g. <ul style="list-style-type: none"> • Dressing or grooming • Having a bath or shower • Other – please specify (e.g. safety, hearing) 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Mobility	Has difficulty in tasks associated with e.g. <ul style="list-style-type: none"> • Walking or moving around the house • Walking or moving around outside and away from house • Travel for shopping, recreation 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Transport	Has difficulty in tasks associated with transport e.g. <ul style="list-style-type: none"> • Using cars • Using public transport 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Other	Has difficulty in tasks associated with activities e.g. <ul style="list-style-type: none"> • Managing money • Organising and using medicines • Other – please specify 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Diagnosis	Has problems with cognition e.g. <ul style="list-style-type: none"> • Serious problems with memory • Observation of evidence from GP or carer suggests functional deterioration or problems with memory 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Medication	• Observation of evidence from GP or carer suggests problems with medication e.g. appropriate medication system	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):
Communication	Has difficulty with speech or hearing e.g. <ul style="list-style-type: none"> • Observation of evidence from GP or carer suggests communication difficulties 	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify (for specific areas of difficulty):

Area(s) Recommended To: _____

Printed by the Service Coordinator on _____

The document will be in: _____

Name: _____

Date: _____

For example, consider difficulty with long distance travel

These questions should not be asked directly of the consumer. It is any information available from interviewing or observation, a referral letter and/or information from a carer, relative, friend or referring agency

- This profile screens for broad areas of functional needs, such as ‘domestic’, ‘personal’, ‘mobility’ and ‘transport’.
- This profile may be used by programs such as mental health, housing or community health to assist in determining if a consumer needs assistance at home or needs a referral to a Home and Community Care (HACC) assessment service.
- The Need for Assistance profile should not be used for communicating the outcomes of a functional assessment. Agencies that carry out functional assessments, such as HACC, ACAS, Hospital Admission Risk Program (HARP), Sub Acute Care Services (SACS) and Disability Services, use the Functional Assessment Summary (refer to pages 27 and 28) to provide a summary of the functional status of the consumer for referral purposes.

Profile: Health Behaviours (page 1 of 1)

This is an optional template

Tick if all nutritional questions are negative

Further information on **gambling** and potential strategies is available at the problem gambling professional's website: www.professionals.problemgambling.vic.gov.au

Note any other substance use

Document instances of family violence (includes: physical, sexual, emotional, psychological and economic abuse or threatening, coercive behaviour causing fear for safety or wellbeing of consumer or consumer's family)

- Items in this template are basic screening tools to assist in the identification of risk-related health behaviour.
- Consider using this template if the consumer has, or may have, health behaviours or risk factors that could be changed to improve their health and wellbeing.

Profile: Living and Caring Arrangements (page 1 of 1)

This is an optional template

If the consumer lives in **public or long term community housing** and their accommodation is at risk, see notes for referral suggestions

If the consumer is **homeless**, staying temporarily with friends or family, in crisis or transitional housing, or their private rental is at risk, see notes for referral suggestions

If the consumer has a carer, consider whether the carer's needs are being met. If not, consider the carer as a new consumer and conduct a separate initial needs identification with them. Consider a referral to a carer support agency or information service

It is important that people not capable of making their own decisions receive the same quality of care and treatment as everyone else in the community. For further information about substituted consent under the Guardianship and Administration Act, see note

If respite is being considered, include the name and date of birth of the primary carer. Other carer details may be included, such as, if the carer is a paid carer (providing care as part of their employment or profession)

- Consider using this template if the consumer has, or may have, issues or needs related to their housing and living arrangements, employment, legal status or decision-making responsibility, finances and/or carer arrangements.
- Consider completing other profiles, such as the Family and Social Network profile.
- If the consumer lives in **public or long term community housing** and their accommodation is at risk (rental arrears, financial difficulties, feeling unsafe, neighbourhood dispute), refer to **Social Housing Advocacy Program**: www.housing.vic.gov.au/living-in-housing/support-services
- If the consumer is **homeless**, staying temporarily with friends or family, in crisis or transitional housing, or their private rental is at risk, refer to **Opening Doors**: www.housing.vic.gov.au/crisis-housing
- For further information about substituted consent under the Guardianship and Administration Act, see www.publicadvocate.vic.gov.au or contact the Office of Public Advocate on 1300 309 337
- For information about substituted decision-making under the *Medical Treatment Act 1988* see www.health.vic.gov.au/mta/how-the-act-works

Profile: Health Conditions (page 1 of 2)

This is an optional template

Profile: Health Conditions
To learn more about this profile, click on the link below.

Consumer
Name: _____
Date of Birth (mm/dd/yyyy): _____
Sex: _____
Cell Number: _____
or other contact info: _____

Overall Health
Q1 In general, how would you rate your health?
Q2 How would you rate your health compared to your usual activity (include when inside the home during the past 6 weeks)?

Pain
How often do you have pain that keeps you out of bed?

Chronic Conditions
Do you have a pregnancy-related condition?
If yes, list conditions under Health Conditions and consider including the Health Services profile as a specialty condition and follow action system related to chronic disease management and/or Manage Pregnancy program.

Oral Health
Are you currently experiencing any problems with your teeth, mouth or teeth?
Example: toothache, bleeding, loosening or swollen gums, sores, etc. that is painful or causes discomfort.
 Yes No If yes, please list dental health conditions and consider referral to a dental service if the consumer has problems with their oral health. Do not list a toothache in 3 years.

Vision
Q1 Do you have difficulty with vision when driving?
Q2 Do you have difficulty reading or watching activities due to poor vision?

Hearing
How is your hearing (over your hearing aid)?

Falls
Q1 Do you have a fear of falling?
Q2 Have you had a fall (non-injury-related) in the last 6 months?

Health Conditions
Please check all that apply. Do not check any boxes if you do not have the condition.

1	2
3	4
5	6
7	8
9	10

Printed on the Service Coordinator's Report System, 2009
Page 1 of 2

If yes, identify Chronic Disease Management programs through community health services or the Human Services Directory

Document if the consumer is pregnant and how many weeks if known. Family violence often commences or intensifies during pregnancy and following the birth of a child

If the consumer has a disability, record the type and impact. Consider completing other profiles, for example, Need for Assistance

- Consider using this profile if the consumer has, or may have, issues and needs in relation to their health status and/or specific health conditions.

Profile: Health Conditions (page 2 of 2)

This is an optional template

Profile: Health Conditions
To assist in understanding the health conditions of the consumer.

Consumer
Name: _____
Date of Birth (mm/dd/yyyy): ____/____/____
Sex: _____
LPI Number: _____

Current Medications
Date of last update: ____/____/____

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Note: Polypharmacy (see legend) is indicated if 5 or more

Comments:

Health Conditions

Referral Recommended for:

Approved by Service Coordinator of Health Services (SHS)

The information on this form is for internal use only. Do not release to the public. Page 2 of 2

Polypharmacy is indicated if the consumer is taking 5 or more different medications

Provide name and address of pharmacy, if available

Provide details if available of recent health reviews

Consider Home Medication Review (HMR)
Discuss with GP for referral for HMR

Profile: Psychosocial (page 1 of 1)

This is an optional template

Profile: Psychosocial

This profile assesses conditions that are likely associated with psychosocial risks.

Consumer

Name: _____

Date of Birth (mm/dd/yyyy): _____

Sex: _____

OH Number: _____

© 2009 Health Services

Personal and Social Support

During the past 6 months, was someone available to help you if you had any problems and needed help?

If not, someone if you had any problems, turned to look, and felt and had to stay in bed, because someone to talk to, someone to talk with, help of someone, someone to help you, someone to care of you?

Mental Health and Wellbeing

© 2009 Health Services. All rights reserved. Use only for personal use.

All the time	Most of the time	Some of the time	A little of the time	None of the time
1. I want to do things I used to do?				
2. I am sad?				
3. Do you have trouble getting going in the morning?				
4. I am nervous?				
5. I am easy to anger?				
6. Do you have trouble with your sleep?				
7. I am worried?				
8. Do all the things you do seem to be getting worse?				
9. Do you have trouble with your appetite?				
10. Do you have trouble with your concentration?				

Total Score: _____ (0-100) (0-100) (0-100) (0-100) (0-100) (0-100) (0-100) (0-100) (0-100) (0-100)

Please use the following information to help you understand the results of this assessment. If you have any questions, please contact your service provider.

Developed by the Mental Health Services of Health Services, 2009

This document is owned by _____

Date: _____

Page: _____

Document instances of family violence (includes: physical, sexual, emotional, psychological and economic abuse or threatening, coercive behaviour causing fear for safety or wellbeing of consumer or consumer's family)

Consider using the Family and Social Network profile to document the family and social network, especially in cases involving vulnerable consumers

- Consider using this profile if the consumer has, or may have, issues and needs for personal and social support, family and personal relationships and/mental health and wellbeing.
- K10 is a validated scale to yield a global measure of psychological distress for individuals who have the capacity to self-report. Alternative scales may be available for individuals who do not have the capacity to self-report.
- Questions on the scale should be read to the consumer and the response recorded (questions 3 and 6 should not be asked if the person answered 'None of the time' to the previous question). The total to be recorded at the bottom of the scale.
- Anxiety, panic attack, stress and/or depression or stress-related illnesses may be possible indicators of family violence. Depression or mental health issues may also increase the vulnerability of a consumer who is experiencing family violence. Consult the *Family violence risk assessment and risk management framework* for further information about indicators of family violence, risk factors and risk assessment (www.women.vic.gov.au)

Profile: Family and Social Network (page 1 of 2)

This is an optional template

Family and Social Network Profile

To assist in the assessment of a consumer's family and social network profile, this reflects the range of family members and social contacts and all friends and acquaintances who are connected to the consumer's life.

Consumer:

Name: _____

Date of birth: (mm/dd/yyyy) / ____/____

Sex: _____

Cell Number: _____

or other contact info: _____

Family Network:
Children, young people:

Name	Sex (M/F)	DOB/Age	Relationship to consumer	Relationship Considerations (strengths, problems, contact details)	Lives in: (consumer's home)

Adults – parents, guardians, primary care:

Name	Sex (M/F)	DOB/Age	Relationship to consumer	Relationship Considerations (strengths, problems, contact details)	Lives in: (consumer's home)

Family and Social Network Profile

Record **relationship considerations** of the person, for example: level of contact, confidante, support, Family Court order or intervention order, abuse/violence (recent separation or divorce may significantly increase risk of family violence), registered contact for personal alarm

List primary contact first

- Consider using this template to list the family and social network of the consumer, especially in the case of vulnerable consumers.
- A person employed by a health service (see definition, page v) may collect certain health information about a person, other than the consumer, without that person's consent, to assist in providing health services, when recording a consumer's family, social or medical history (*Health Records Act 2001*).

Profile: Family and Social Network (page 2 of 2)

This is an optional template

Family and Social Network Profile

The form lists the range of family members and social contacts and records any significant others who are relevant to the consumer's life.

Consumer

Name: _____

Date of birth (mm/dd/yyyy): _____

Sex: _____

Cell Number: _____

Other family – grandparents, extended family members

Name	M or F	DOB/Age	Relationship to consumer	Relationship Considerations: strengths and risks	Contact details	Lives in consumer's home

Significant Others

Friends, mentors, spiritual member, neighbors

Name	M or F	DOB/Age	Relationship to consumer	Relationship Considerations: strengths and risks	Contact details	Lives in consumer's home

Published by Ontario Government of Social Services, 2009
© 2009/09/01 11:11

Record **relationship considerations** of the person, for example: level of contact, confidante, support, Family Court order or intervention order, abuse/violence (recent separation or divorce may significantly increase risk of family violence), registered contact for personal alarm

- If a person who is **not** within a health service collects personal information about an individual from someone else, they must take **reasonable steps** to ensure that the individual is made aware of who, why and what information is collected and who the information will be shared with. The exception to this is the extent that making the individual aware of the matters would pose a serious threat to the life or health of any individual. For more specific and comprehensive details refer to the *Privacy Act 1998* and the policy of your agency.
- Consider the cultural background of the person and how this may affect their view and understanding of their family and social network.

Supplementary templates

Functional Assessment Summary (page 2 of 2)

This is a supplementary template

Functional Assessment Summary

The assessment template is used with consent to collect the data for the functional assessment of the client's functional abilities and need for assistance. The primary agency may utilize additional assessment activities, including other members of staff, to assist in the assessment.

Consent

Name: _____

Date of Birth (mm/dd/yyyy): [] [] [] [] [] [] [] [] [] []

Sex: _____

DT Number: _____

to give legal form

Activity	Rating (1-5)	Assessment Item
10. Self-care activities		Does the participant demonstrate the ability to perform essential tasks such as eating, dressing, using necessary transportation? <input type="checkbox"/> No (1) or the participant uses items such as a walker, wheelchair, or special toilet. <input type="checkbox"/> Yes (2) or greater to the following: showering, eating, dressing, etc. <input type="checkbox"/> Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
11. Walking		Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
12. Dressing		Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
13. Eating		Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
14. Hygiene		Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
15. Transportation		Does the participant demonstrate the ability to use public transportation, such as a bus, train, or subway? <input type="checkbox"/> Yes (2) or greater to the following: showering, eating, dressing, etc. <input type="checkbox"/> Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.

Functional Assessment Summary

Activity	Rating (1-5)	Communication, Cognitive & Behavior
16. Communication		Is the participant able to communicate with others in a way that is necessary for the participant to live independently? <input type="checkbox"/> No (1) or the participant uses a communication device such as a hearing aid, sign language, or other means to communicate. <input type="checkbox"/> Yes (2) or greater to the following: showering, eating, dressing, etc. <input type="checkbox"/> Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
17. Memory		Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.
18. Behavior		Without help, usually in a public or private toilet or shower, or with one person's assistance. <input type="checkbox"/> With help from a caregiver, usually in a public or private toilet or shower. <input type="checkbox"/> Supervised, with the help of a caregiver.

Assessment details

Date of assessment (mm/dd/yyyy): [] [] [] [] [] [] [] [] [] [] Assessment Number: _____

Other comments (e.g. assessment of other areas of assessment, other assessment instruments used): _____

Approved by: _____
Signature of the Assessor

Approved by: _____
Signature of the Referral Agency

- If this template is used for referral, it is not necessary to send the Need for Assistance profile.

Palliative Care Supplementary Information (page 1 of 3)

This is a supplementary template

Reason for admission relates to inpatient episode/admission

Any **specialist** involved in the care of this person

Date of primary diagnosis: approximate date is adequate, for example, year only

The **Key symptom issues** are consistent with the listing in the validated Edmonton Symptom Assessment Scale: www.hospicecare.com/resources/pain-research.htm

- The purpose of this tool is to develop a statewide approach to referral to and from palliative care services.
- This supplementary referral template contains essential palliative care information not contained elsewhere in the SCTT.
- The information in the supplement should assist the service receiving the referral to determine appropriateness of the referral and how to triage the referral.
- Detailed information regarding the consumer’s medical history should be recorded on the Summary and Referral Information template.

Palliative Care Supplementary Information (page 2 of 3)

This is a supplementary template

Palliative Care Supplementary Information
To assist in understanding a person's wishes, additional information is required to provide care.

Consent
Name: _____
Date of birth: _____
Sex: _____
U.S. location: _____

Additional medical history/treatment (cont.)
Current and past medical treatment:
Identify any current or past medical conditions, treatments, or procedures that are relevant to your care. Please include any hospitalizations, surgeries, or other procedures that you have had in the past 12 months.

Advance care planning
Do you and your family understand the nature of your illness and the implications for your care? (This may take a range of time to complete)
Advance Care Plan Completed? Yes No
Medical Power of Attorney Appointed? Yes No
Do you have a Durable Power of Attorney? Yes No

Client/family awareness of diagnosis and prognosis
Client awareness:
Diagnosis: Yes No
Comments: _____
Prognosis: Yes No
Comments: _____

Family/carer awareness
Diagnosis: Yes No
Comments: _____
Prognosis: Yes No
Comments: _____

Multidisciplinary assessments
Have any relevant assessments been carried out?
In a specific area (e.g. psychology, occupational therapy, social work, spiritual care)?
 Yes No

Assessment	Assessor Name	Assessor Phone Number	Date

Published by Victorian Government of Health Services, 2009

Medical Power of Attorney includes Enduring Medical Power of Attorney

A **Not For Treatment** order is the same as a Refusal of Treatment Certificate

Client/family awareness is critical for appropriate communication in triaging referrals, planning care and assessing psychosocial needs

Completion of comments section related to family and carer awareness and any related issues is important for planning care and assessing psychosocial needs

- This tool will not replace the need for a follow-up telephone call after either making or receiving the referral.
- Completion of this tool is appropriate for any service (community, acute, primary care, palliative care) referring to a palliative care service.
- This tool has been developed within the context of the Department of Human Services emerging Advance Care Planning policy in Victoria.

Palliative Care Supplementary Information (page 3 of 3)

This is a supplementary template

Palliative Care Supplementary Information

To add information to a person's personal information record for palliative care.

Consent

Name: _____

Date of birth (YYYYMM): _____

Sex: _____

LAB Number: _____

- 0000 000000

Nursing care

(e.g. JAG, Rest, Hospice, etc. or other, including, for example)

Psychological and spiritual issues

Psychological/Cultural/Spiritual Issues (e.g. anxiety & personal challenges, alcohol issues, family problems, bereavement issues)

Cultural, religious and spiritual considerations

Other ←

Include any other relevant information

Palliative Care Supplementary Information

Printed by the Victorian Department of Health Services, 2009

Date: _____
 Name: _____
 Address: _____
 City: _____
 State: _____
 Postcode: _____

Consider including occupational health and safety issues. For example, after hours visiting, environmental risks

- Where complex family and social network situations exist, consider completing the Family and Social Network Profile, Living and Caring Arrangements or the Psychosocial Profile

Care Coordination Plan

- This tool is developed for consumers with multiple or complex needs, such as those with a chronic condition, high or ongoing support needs.
- Check if the consumer has other care plans, such as GP Management Plan or Team Care Arrangement, which need to be included as documentation and may inform specific consumer goals.
- The role of the **key worker** is to:
 - ensure that the consumer understands and consents to the planning process and the sharing of information between providers
 - ensure that the consumer’s goals are reflected in the plan and that they consent to the Care Coordination Plan
 - document and provide copies of the plan to participants, as agreed by the consumer
 - ensure the plan is monitored and reviewed
- Refer to the *Victorian service coordination practice manual* for further information about the role of a key worker.

Care Coordination Plan (page 2 of 3)

This is an optional template

The screenshot shows a 'Care Coordination Plan' form. At the top left, there is a title and a brief description: 'This document will discuss with the consumer... to assist in a coordinated approach...'. To the right, there is a 'Consumer' information section with fields for Name, Date of Birth, Address, Sex, and L16 Number. The main body of the form is a table with four columns: 'Issues/problems', 'Agreed goal(s)', 'Actions to be taken & by whom', and 'Target date'. The table has four rows, each starting with a number (1, 2, 3, 4) in the first column. Below the table, there are checkboxes for 'Plan developed', 'Consumer understands and agrees to this plan', and 'Developed at a case conference'. At the bottom, there are fields for 'Signature of provider' and 'Signature of consumer'. Red arrows point from various parts of the form to explanatory text on the right.

List in priority order the main **issues or problems**, identified with the consumer, that need to be addressed through a coordinated approach

For each issue/problem, identify with the consumer a practical and measurable **goal**

List planned **actions** to achieve the goal. There may be one or more actions for each goal. Responsibility for each planned action may be the consumer or service provider

The **target date** for each action will be an estimated achievable time frame as discussed with the consumer

Record the date the plan was developed and the date proposed for reviewing the overall plan

Indicate whether the plan was developed at a **case conference**

Following the planning process, ensure the consumer understands and agrees to the plan. The consumer can sign a paper copy if appropriate

- This tool documents the issues, goals and actions of the Care Coordination Plan as identified and agreed with the consumer.
- The goals need to be consumer-centred and relate to practical actions that are relevant to the identified issues of the consumer.
- Goals and actions must take into account the psychosocial environment and abilities of the consumer.
- Ideally a self management approach is to be promoted.

Care Coordination Plan (page 3 of 3)

This is an optional template

Review of Care Coordination Plan
 For use when the Care Coordination Plan is reviewed. It allows the collection of progress of agreed goals and actions.

Contents
 Name: _____
 Case of Study ID/Number: _____
 Date: _____
 LMS Number: _____

Issue & Goal Reference (Refer to Case Coordination Plan)	Progress	Source of Information

Supporting Documentation:

Review Date: _____ Case Conference: Yes No

Approved by: _____
 Date: _____
 Approved by: _____
 Date: _____

Record reference number of issues and goals from page 2 of Care Coordination Plan

Record the **progress** or outcome of actions related to each goal. Relevant information regarding progress of actions or interventions may include an explanation of why a goal was unable to be achieved or actions completed. For example, a change in the person’s condition or environmental factors

Key worker should know where to locate these documents, if unable to attach them

Indicate if a case conference was held to review the plan

- This page is used to review information on the Care Coordination Plan and to record progress, such as the actions completed or goals achieved.
- The information may be gathered over time or at a review meeting or case conference and is coordinated by the key worker.

General practitioner's referral tool (VSRF)

The Victorian Statewide Referral Form (VSRF) for general practice	37
GP Referral	38

The Victorian Statewide Referral Form (VSRF) for general practice

The Victorian Statewide Referral Form (VSRF) is a simple template for referrals from general practice. The purpose is to provide a standardised, quality referral from general practice to state-funded health care providers.

Department of Human Services and General Practice Victoria promote and support general practice to use the VSRF as a replacement for the multitude of service-specific referral forms. Some local divisions of general practice provide practical, on the ground support to general practice to integrate the VSRF into their practice. The VSRF has been incorporated in most clinical software applications used by general practice.

The aim of the VSRF is to enable GPs to send relevant, agreed demographic and clinical information about their patient to services and for this to occur securely and seamlessly from their clinical information system.

To support effective re-use of information, data items in the VSRF that are the same as in the SCTT use the same data standards.

The VSRF includes:

- referrer and referee information
- patient information
- clinical summary, including medications
- free text fields for additional information

The VSRF+ has been developed for use as an addition to the VSRF when referring to maternity, urology and osteo arthritis hip and knee specialist clinics.

Further information:

- Guide to generating the Victorian Statewide Referral Form (VSRF) (www.gpv.org.au/content.asp?cid=11,137&t=VSRF)
- *Working with general practice: Department of Human Services resource guide* (www.health.vic.gov.au/communityhealth/gps/position_statement.htm)
- *GP engagement in integrated chronic disease management—a resource for primary care partnerships* (www.health.vic.gov.au/communityhealth/downloads/gp_engagement_icdm.pdf)

GP Referral		Referral Code: <input type="text"/>
		GP Practice Code: <input type="text"/>
		Feedback Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral to:	Referring General Practitioner (name)	
Name:		
Address:		
Phone:		
Fax:		
Email:		
Service requested		
<input type="text"/>		
Patient / client details		
Name:	Address:	
Date of Birth: <input type="text"/>	Phone: <input type="text"/> Work: <input type="text"/>	
Preferred language:	Mobile: <input type="text"/>	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email: <input type="text"/>	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F		
Mental Health Contact: <input type="checkbox"/>		
Reason for patient referral		
<input type="text"/>		
Other notes (eg current services)		
<input type="text"/>		
Interpreter required:	DVA Number: <input type="text"/>	
Preferred language to:	Residence: <input type="text"/>	
Residence Card Number:	Residence Number: <input type="text"/>	
Consent to referral and sharing of relevant information: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: Patient Consent Form is compulsory		
Referring Doctor: <input type="text"/>	Referral Date: <input type="text"/>	Page 1 of 5

GP Referral

Clinical Information

Reasons:

Adapted:

Current Medication:

Drug name	Lot number	Strength	Dose / Frequency / Route

Social History:

Past Medical History:

Investigation / Test Results:

Code sets and other resources

Code sets	41
References and where to find them	53
Your Information—It's private	55
Translations	56

Code sets

The most commonly used SCTT code sets, and their corresponding code descriptions, are supplied below. The updated full list of SCTT codes, and their corresponding code descriptions, is available from <http://www.health.vic.gov.au/pcps/coordination/>. When completing the SCTT, both the code, and its corresponding code description, must be used.

Service Coordination Tool Templates Code Sets

For reference when completing the tool templates in paper based format

Consumer Information

Date of Birth Accuracy

- AAA Accurate (Day, month and year are accurate)
 EEE Estimated (Day, month and year are estimated)
 UUU Unknown (Day, month and year are unknown)

Sex

- 1 Male
 2 Female
 3 Indeterminate
 4 Intersex
 9 Not stated/inadequately described

Country of Birth

[Refer to pages 44–46](#)

Indigenous Status

- 1 Aboriginal but not Torres Strait Islander Origin
 2 Torres Strait Islander but not Aboriginal Origin
 3 Both Aboriginal and Torres Strait Islander Origin
 4 Neither Aboriginal nor Torres Strait Islander Origin
 9 Not stated/inadequately described

Need for interpreter Services

- 1 Interpreter services required
 2 Interpreter services not required
 9 Not stated/inadequately described

Preferred Language

[Refer to pages 46–49](#)

Communication Method

- 0 Child aged under 5 years (not applicable)
 1 Little or no effective communication
 2 Sign language
 3 Other effective non-spoken communication (e.g. e-mail)
 4 Spoken language (effective)
 9 Other method of communication
 9 Not stated/inadequately described
 10 Little or no literacy

Who the Agency can contact if necessary

Relationship to Consumer

- 0 Not applicable
 1 Wife/female partner
 2 Husband/male partner
 3 Mother
 4 Father
 5 Daughter
 6 Son
 7 Daughter in law
 8 Son in law
 9 Other relative – female
 10 Other relative – male
 11 Friend/neighbor – female
 12 Friend/neighbor – male
 99 Not stated/inadequately described

Consumer's Caretaker

- 1 Yes
 2 No
 3 Unsure

Consumer's Legal Decision Maker

- 1 Yes
 2 No
 3 Unsure

Legal Orders

- 1 Supervision
 2 Custody
 3 Guardianship
 4 Interim protection
 5 Permanent care
 9 Intervention

Government Pension/Benefit Status

- 1 Aged Pension
 2 Department of Veterans' Affairs (DVA) Pension
 3 Disability Support Pension
 4 Care Payment (pension)
 5 Unemployment related benefits
 6 Other government pension or benefit
 7 No government pension or benefit
 9 Not stated/inadequately described

Health Care Card Holder Status

- 1 Yes
 2 No
 9 Not stated/inadequately described

DVA Entitlement

- 1 DVA entitlement – gold card
 2 DVA Entitlement – white card
 3 DVA Entitlement – other
 4 No DVA Entitlement
 9 Not stated/inadequately described

Compensables Funding Source

- 0 Not applicable
 1 Transport Accident Commission
 2 Department of Veterans' Affairs
 3 Work Cover
 4 Other

Summary and Referral

Risks

- 1 No Risk Identified
 2 Consumer at Risk
 3 Health or Community Care Worker at Risk
 4 Others at Risk
 9 Not stated/inadequately described

Service Type

[Refer to pages 49–52](#)

Referral Action Plan

Consumer Consent

- 1 Yes, consumer consents to referral and to sharing of information as specified on consumer consent form
 2 Yes, consumer consents to referral but not to sharing of information
 3 No, consumer has not consented to this referral but there is a statutory requirement for referral and sharing of information

Referral Method

- 1 Faxed to agency
 2 Posted to agency
 3 Electronic (email/web/messaging)
 4 Delivered by consumer (by hand/handcopy)
 5 Other
 9 Not stated/inadequately described

Service Coordination Tool Templates Code Sets

For reference when completing the tool templates in paper based format

Living and Caring Arrangements

Living Arrangements

- 1 Lives alone
- 2 Lives with family
- 3 Lives with others
- 9 Not stated/inadequately described

Accommodation

- 1000 Independent Living
- 1100 Private residence – owned/purchasing
- 1101 Private residences which are owned or being purchased by the person
- 1102 Private residences which are owned or being purchased by another member of their household or family (including a non-resident relative).
- 1200 Private residence – private rental
- 1300 Private residence – public rental or community housing
- 1301 Private residence – public rental or community housing (excludes Indigenous community housing)
- 1302 Private residence – rental from Aboriginal Community
- 1400 Independent living within a retirement village
- 2000 Supported Housing
- 2100 Short term crisis, emergency or transitional accommodation facility (includes Temporary shelter within an Aboriginal community)
- 2200 Outreach (no on site support)
- 2201 Group Home
- 2202 Home Based Outreach Service
- 3300 Supported community accommodation
- 3301 Share Supported Accommodation (Community Residential Unit – Disability)

- 2302 Community funded boarding House
- 2303 Residential Rehabilitation (Mental Health)
- 2304 Supported Accommodation (Alcohol and Drug)
- 2400 Privately Owned Supported Housing
- 2401 Boarding house/rooming house/private hotel
- 2402 Supported Residential Service
- 3000 Residential Care
- 3100 Residential care service (not aged)
- 3101 Mental Health Community Care Unit
- 3102 Residential Rehabilitation (Alcohol and Drug)
- 3200 Residential aged care service
- 3201 Residential Aged Care: high level care
- 3202 Residential Aged Care: low level care
- 3203 Residential Aged Care: high level mental health care
- 3204 Residential Aged Care: low level mental health care
- 3300 Hospital
- 3400 Other 24-hour institutional care
- 3401 Extended Mental Health Hospital Care
- 3402 Prison/remand centre/youth training centre
- 3403 Statutory Client accommodation (not prison/remand centre/youth training centre)
- 4000 None/homeless/public place
- 4100 Public place/temporary shelter
- 4200 None/homeless
- 5000 Other accommodation
- 9999 Not stated/inadequately described

Employment Status

- 1 Child not at school
- 2 Student
- 3 Employed
- 4 Unemployed
- 5 Home duties
- 6 Other
- 9 Not stated/inadequately described

Mental Health Act Status

- 0 Not applicable
- 1 Voluntary
- 2 Involuntary
- 3 Community Treatment Order
- 9 Not stated/inadequately described

Decision Making Responsibility

- 01
 - 1 Yes
 - 2 No
 - 3 Not sure
 - 9 Not stated/inadequately described
- 03
 - 1 Self
 - 2 Enduring Power Of Attorney
 - 3 Guardian

- 03
- 1 Self
- 2 Power Of Attorney
- 3 Administrator
- 4 Parent or Guardian

- 04
- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Financial Situation

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Carer Availability

- 1 Has a Carer
- 2 Does not have a carer
- 9 Not stated/inadequately described

Carer Residency Status

- 0 Not applicable
- 1 Co-resident carer
- 2 Non-resident carer
- 9 Not stated/inadequately described

Service Coordination Tool Templates Code Sets

For reference when completing the tool templates in paper based format.

Relationship of Carer to Care

Recipient

- 10 Spouse/partner
- 11 Wife/female partner
- 12 Husband/male partner
- 20 Parent
- 21 Mother
- 22 Father
- 30 Child
- 31 Daughter
- 32 Son
- 40 Child-in-law
- 41 Daughter in law
- 42 Son in law
- 50 Other relative
- 51 Other relative - female
- 52 Other relative - male
- 60 Friend/neighbour
- 61 Friend/neighbour - female
- 62 Friend/neighbour - male
- 99 Not stated/inadequately described

Carer Allowance/Carer Payment

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Sustainability of Carer

Arrangements

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Threats to Carer Arrangements

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Psychosocial Profile

- 1 Yes, as much as I wanted
- 2 Yes, quite a bit
- 3 Yes, some
- 4 Yes, a little
- 5 No, not at all
- 9 Not stated/inadequately described

Health Conditions

Overall Health

Question 1

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 9 Not stated/inadequately described

Question 3

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 9 Not stated/inadequately described

Pain

- 1 None
- 2 Very mild
- 3 Moderate
- 4 Severe
- 5 Very Severe

Chronic Conditions

- 1 Yes
- 2 No
- 3 Unsure

Vision

Questions 1 & 2

- 1 Yes
- 2 No

Hearing

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 Not stated/inadequately described

Falls

Questions 1 & 2

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately describe

Code	Country of Birth
1601	Adélie Land (France)
7201	Afghanistan
3201	Albania
4101	Algeria
3101	Andorra
9201	Angola
8401	Anguilla
8402	Antigua and Barbuda
8201	Argentina
1602	Argentinian Antarctic Territory
7202	Armenia
8403	Aruba
0001	At Sea
1101	Australia
1603	Australian Antarctic Territory
1199	Australian External Territories, nec
2301	Austria
7203	Azerbaijan
8404	Bahamas
4201	Bahrain
7101	Bangladesh
8405	Barbados
3301	Belarus
2302	Belgium
8301	Belize
9101	Benin
8101	Bermuda
7102	Bhutan
8202	Bolivia
3202	Bosnia and Herzegovina
9202	Botswana
8203	Brazil
1604	British Antarctic Territory
5201	Brunei Darussalam
3203	Bulgaria
9102	Burkina Faso
5101	Burma (Myanmar)
9203	Burundi

Code	Country of Birth
5102	Cambodia
9103	Cameroon
8102	Canada
9104	Cape Verde
8406	Cayman Islands
9105	Central African Republic
9106	Chad
2101	Channel Islands
8204	Chile
1605	Chilean Antarctic Territory
6101	China (excludes SARs and Taiwan Province)
8205	Colombia
9204	Comoros
9107	Congo
9108	Congo, Democratic Republic of
1501	Cook Islands
8302	Costa Rica
9111	Côte d'Ivoire
3204	Croatia
8407	Cuba
3205	Cyprus
3302	Czech Republic
2401	Denmark
9205	Djibouti
8408	Dominica
8411	Dominican Republic
5206	East Timor
8206	Ecuador
4102	Egypt
8303	El Salvador
2102	England
9112	Equatorial Guinea
9206	Eritrea
3303	Estonia
9207	Ethiopia
2402	Faeroe Islands
8207	Falkland Islands
1502	Fiji

Code	Country of Birth
2403	Finland
3206	Former Yugoslav Republic of Macedonia (FYROM)
2303	France
8208	French Guiana
1503	French Polynesia
9113	Gabon
9114	Gambia
4202	Gaza Strip and West Bank
7204	Georgia
2304	Germany
9115	Ghana
3102	Gibraltar
3207	Greece
2404	Greenland
8412	Grenada
8413	Guadeloupe
1401	Guam
8304	Guatemala
9116	Guinea
9117	Guinea-Bissau
8211	Guyana
8414	Haiti
3103	Holy See
8305	Honduras
6102	Hong Kong (SAR of China)
3304	Hungary
2405	Iceland
7103	India
5202	Indonesia
4203	Iran
4204	Iraq
2201	Ireland
2103	Isle of Man
4205	Israel
3104	Italy
8415	Jamaica
6201	Japan
4206	Jordan
7205	Kazakhstan

Code	Country of Birth
9208	Kenya
1402	Kiribati
6202	Korea, Democratic People's Republic of (North)
6203	Korea, Republic of (South)
4207	Kuwait
7206	Kyrgyz Republic
5103	Laos
3305	Latvia
4208	Lebanon
9211	Lesotho
9118	Liberia
4103	Libya
2305	Liechtenstein
3306	Lithuania
2306	Luxembourg
6103	Macau (SAR of China)
9212	Madagascar
9213	Malawi
5203	Malaysia
7104	Maldives
9121	Mali
3105	Malta
1403	Marshall Islands
8416	Martinique
9122	Mauritania
9214	Mauritius
9215	Mayotte
8306	Mexico
1404	Micronesia, Federated States of
3208	Moldova
2307	Monaco
6104	Mongolia
3215	Montenegro
8417	Montserrat
4104	Morocco
9216	Mozambique
9217	Namibia
1405	Nauru

Code	Country of Birth
7105	Nepal
2308	Netherlands
8418	Netherlands Antilles
1301	New Caledonia
1201	New Zealand
8307	Nicaragua
9123	Niger
9124	Nigeria
1504	Niue
1102	Norfolk Island
4199	North Africa, nec
2104	Northern Ireland
1406	Northern Mariana Islands
2406	Norway
9999	Not stated/Inadequately Described
4211	Oman
7106	Pakistan
1407	Palau
8308	Panama
1302	Papua New Guinea
8212	Paraguay
8213	Peru
5204	Philippines
3307	Poland
1599	Polynesia (excludes Hawaii), nec
3106	Portugal
8421	Puerto Rico
4212	Qatar
1606	Queen Maud Land (Norway)
9218	Réunion
3211	Romania
1607	Ross Dependency (New Zealand)
3308	Russian Federation
9221	Rwanda
1505	Samoa
1506	Samoa, American
3107	San Marino

Code	Country of Birth
9125	Sao Tomé and Principe
4213	Saudi Arabia
2105	Scotland
9126	Senegal
3214	Serbia
9223	Seychelles
9127	Sierra Leone
5205	Singapore
3311	Slovakia
3212	Slovenia
1303	Solomon Islands
9224	Somalia
9225	South Africa
8299	South America, nec
9299	Southern and East Africa, nec
3108	Spain
7107	Sri Lanka
9222	St Helena
8422	St Kitts and Nevis
8423	St Lucia
8103	St Pierre and Miquelon
8424	St Vincent and the Grenadines
4105	Sudan
8214	Suriname
9226	Swaziland
2407	Sweden
2311	Switzerland
4214	Syria
6105	Taiwan
7207	Tajikistan
9227	Tanzania
5104	Thailand
9128	Togo
1507	Tokelau
1508	Tonga
8425	Trinidad and Tobago
4106	Tunisia
4215	Turkey

Code Country of Birth

7208	Turkmenistan
8426	Turks and Caicos Islands
1511	Tuvalu
9228	Uganda
3312	Ukraine
4216	United Arab Emirates
8104	United States of America
8215	Uruguay
7211	Uzbekistan
1304	Vanuatu
8216	Venezuela
5105	Viet Nam
8427	Virgin Islands, British
8428	Virgin Islands, United States
2106	Wales
1512	Wallis and Futuna
4107	Western Sahara
4217	Yemen
9231	Zambia
9232	Zimbabwe

Code Language

8998	Aboriginal English, so described
6513	Acehnese
9201	Acholi
8901	Adnymathanha
9299	African Languages, nec
1403	Afrikaans
9203	Akan
8121	Alawa
3901	Albanian
8603	Alyawarr
9101	American Languages
9214	Amharic
8101	Anindilyakwa
8604	Anmatyerr
8703	Antikarinya
8902	Arabana
4202	Arabic
8699	Arandic, nec
4901	Armenian
8199	Arnhem Land and Daly River Region Languages, nec
3903	Aromunian (Macedo-Romanian)
8605	Arrernte
5213	Assamese
4203	Assyrian
9701	Auslan
4302	Azeri
6514	Balinese
4104	Balochi
8903	Bandjalang
8904	Banyjima
8801	Bardi
2901	Basque
8905	Batjala
3401	Belorussian
9215	Bemba
5201	Bengali
8906	Bidjara

Code Language

6515	Bikol
8504	Bilinarra
6501	Bisaya
9402	Bislama
3501	Bosnian
3502	Bulgarian
8802	Bunuba
8102	Burarra
6101	Burmese
6199	Burmese and Related Languages, nec
7101	Cantonese
8399	Cape York Peninsula Languages, nec
2301	Catalan
6502	Cebuano
1199	Celtic, nec
7199	Chinese, nec
3503	Croatian
3601	Czech
8233	Daatiwuy
8122	Dalabon
1501	Danish
4105	Dari
8221	Dhalwangu
8907	Dhanggatti
8219	Dhangu, nec
8229	Dhay'yi, nec
5214	Dhivehi
8239	Dhuwal, nec
8249	Dhuwala, nec
8241	Dhuwaya
9216	Dinka
8908	Diyari
8305	Djabugay
8231	Djambarrpuyngu
8232	Djapu
8222	Djarrwark
8259	Djinang, nec
8269	Djinba, nec

Code	Language
5199	Dravidian, nec
1401	Dutch
8306	Dyirbal
1201	English
1601	Estonian
9217	Ewe
9301	Fijian
6512	Filipino
1602	Finnish
1699	Finnish and Related Languages, nec
2101	French
1402	Frisian
9218	Ga
1101	Gaelic (Scotland)
8211	Galpu
8911	Gamilaraay
8261	Ganalbingu
8912	Garrwa
8913	Garuwali
4902	Georgian
1301	German
9302	Gilbertese
8307	Girramay
8914	Githabul
8212	Golumala
8803	Gooniyandi
2201	Greek
8123	Gudanji
5202	Gujarati
8242	Gumatj
8915	Gumbaynggir
8124	Gundjeihmi
8125	Gun-nartpa
8243	Gupapuyngu
8505	Gurindji
8506	Gurindji Kriol
8126	Gurr-goni
8302	Guugu Yimidhirr
8244	Guyamirrilili

Code	Language
6102	Haka
7102	Hakka
9221	Harari
9222	Hausa
9403	Hawaiian English
4204	Hebrew
5203	Hindi
6201	Hmong
6299	Hmong-Mien, nec
7103	Hokkien
3301	Hungarian
6516	Iban
2399	Iberian Romance, nec
1502	Icelandic
9223	Igbo
6503	Ilokano
6517	Ilonggo (Hiligaynon)
5299	Indo-Aryan, nec
6504	Indonesian
9601	Invented Languages
4199	Iranic, nec
1102	Irish
2401	Italian
8127	Iwaidja
8128	Jaminjung
7201	Japanese
8507	Jaru
6518	Javanese
8131	Jawoyn
8132	Jingulu
8401	Kalaw Kawaw Ya/ Kalaw Lagaw Ya
8916	Kanai
5101	Kannada
8917	Karajarri
6103	Karen
8918	Kariyarra
8704	Kartujarra
5215	Kashmiri
8921	Kaurna

Code	Language
8922	Kayardild
8606	Kaytetye
6301	Khmer
8923	Kija
9224	Kikuyu
8899	Kimberley Area Languages, nec
9502	Kiwai
8308	Koko-Bera
5204	Konkani
7301	Korean
9225	Krio
8924	Kriol
8705	Kukatha
8706	Kukatja
8301	Kuku Yalanji
8133	Kunbarlang
8134	Kune
8135	Kuninjku
8108	Kunwinjku
4101	Kurdish
8311	Kuuk Thayorre
8303	Kuuku-Ya'u
8312	Lamalama
6401	Lao
8925	Lardil
8136	Larrakiya
2902	Latin
3101	Latvian
1302	Letzeburgish
8508	Light Warlpiri
3102	Lithuanian
8235	Liyagalawumirr
9226	Luganda
9227	Luo
8707	Luritja
3504	Macedonian
8245	Madarrpa
9702	Makaton
8137	Malak Malak

Code	Language	Code	Language	Code	Language
6505	Malay	8152	Ngaliwurru	8299	Other Yolngu Matha
5102	Malayalam	8513	Ngandi	8936	Paakantyi
8511	Malngin	8113	Ngan'gikurunggurr	9399	Pacific Austronesian Languages, nec
2501	Maltese	8514	Ngardi	8937	Palyku/Nyiyaparli
7104	Mandarin	8805	Ngarinyin	6521	Pampangan
8926	Mangala	8515	Ngarinyman	9599	Papua New Guinea Papuan Languages, nec
8138	Mangarrayi	8931	Ngarluma	4102	Pashto
8246	Manggalili	8932	Ngarrindjeri	4106	Persian (excluding Dari)
8708	Manyjilyjarra	8281	Nhangu	8713	Pintupi
9303	Maori (Cook Island)	9307	Niue	9404	Pitcairnese
9304	Maori (New Zealand)	8599	Northern Desert Fringe Area Languages, nec	8714	Pitjantjatjara
5205	Marathi	1503	Norwegian	3602	Polish
8141	Maringarr	9999	Not stated/Inadequately Described	2302	Portuguese
8142	Marra	9231	Nuer	5207	Punjabi
8234	Marrangu	8153	Nungali	8115	Rembarrnga
8143	Marrithiyel	8114	Nunggubuyu	8271	Ritharrngu
8711	Martu Wangka	8933	Nyamal	3904	Romanian
8144	Matngala	8934	Nyangumarta	3905	Romany
8111	Maung	9232	Nyanja (Chichewa)	9312	Rotuman
9205	Mauritian Creole	8806	Nyikina	3402	Russian
8145	Mayali	8935	Nyungar	9308	Samoan
8402	Meriam Mir	9499	Oceanian Pidgins and Creoles, nec	1599	Scandinavian, nec
4299	Middle Eastern Semitic Languages, nec	5216	Oriya	3505	Serbian
8804	Miriwoong	9206	Oromo	3507	Serbo-Croatian/ Yugoslavian, so described
6303	Mon	8999	Other Australian Indigenous Languages, nec	9238	Seychelles Creole
7902	Mongolian	7999	Other Eastern Asian Languages, nec	9233	Shilluk
6399	Mon-Khmer, nec	3999	Other Eastern European Languages, nec	9207	Shona
9305	Motu	6999	Other Southeast Asian Languages	9799	Sign Languages, nec
8512	Mudburra	5999	Other Southern Asian Languages	5208	Sindhi
8146	Murrinh Patha	2999	Other Southern European Languages, nec	5211	Sinhalese
8927	Muruwari	4999	Other Southwest and Central Asian Languages, nec	3603	Slovak
8147	Na-kara			3506	Slovene
8928	Narungga			9405	Solomon Islands Pijin
9306	Nauruan			9208	Somali
9228	Ndebele			6599	Southeast Asian Austronesian Languages, nec
8148	Ndjébbana (Gunavidji)			2303	Spanish
5206	Nepali				
8712	Ngaanyatjarra				
8151	Ngalakgan				

Code	Language
9211	Swahili
1504	Swedish
6511	Tagalog
6499	Tai, nec
5103	Tamil
4303	Tatar
5104	Telugu
7105	Teochew
6507	Tetum
6402	Thai
7901	Tibetan
9234	Tigré
9235	Tigrinya
6508	Timorese
8117	Tiwi
9401	Tok Pisin
9313	Tokelauan
9311	Tongan
8403	Torres Strait Creole
9236	Tswana
5105	Tulu
4399	Turkic, nec
4301	Turkish
4304	Turkmen
9314	Tuvaluan
3403	Ukrainian
5212	Urdu
4305	Uygur
4306	Uzbek
6302	Vietnamese
8938	Wajarri
8516	Walmajarri
8154	Wambaya
8715	Wangkajunga
8716	Wangkatha
8213	Wangurri
8517	Wanyjirra
8155	Wardaman
8518	Warlmanpa
8521	Warlpiri

Code	Language
8717	Warnman
8522	Warumungu
1103	Welsh
8799	Western Desert Language, nec
8304	Wik Mungkan
8314	Wik Ngathan
8941	Wiradjuri
8807	Worla
8808	Worrorra
7106	Wu
8247	Wubulkarra
8811	Wunambal
8251	Wurlaki
9237	Xhosa
8279	Yakuy, nec
8718	Yankunytjatjara
8942	Yanyuwa
9315	Yapese
8812	Yawuru
1303	Yiddish
8313	Yidiny
8943	Yindjibarndi
8944	Yinhawangka
8945	Yorta Yorta
9212	Yoruba
8721	Yulparija
9213	Zulu

Code	Service type description
1	Accommodation placement and/or support
2	Acquired brain injury information/referral
3	Acupuncture
4	Adoption & permanent care information/support
5	Adult/community education
6	Aged care assessment
7	Aged Care information/referral
8	Aged Residential Care
9	Air ambulance
10	Alexander technique therapy
11	Ambulance
12	Anaesthesiology
13	Anatomical Pathology (including Cytopathology & Forensic Pathology)
14	Aromatherapy
15	Audiology
16	Bereavement counselling
17	Biorhythm services
18	Blood donation
19	Blood transport
20	Bowen therapy
21	Cardiology
22	Cardiothoracic surgery
23	Carer support
24	Case management for older persons
25	Cemetery operation
26	Child protection/child abuse notification
27	Childrens play programs
28	Chinese herbal medicine
29	Chiropractic
30	Clinical Genetics
31	Clinical Pharmacology
32	Community bus

Code	Service type description
33	Community Health Care—further description
34	Community Hours
35	Cremation
36	Crisis counselling
37	Crisis/emergency accommodation
38	Death service information
39	Delivered meals (meals on wheels)
40	Dermatology
41	Diagnostic Radiology
42	Diagnostic Ultrasound
43	Dietetics
44	Disability advocacy
45	Disability aids & equipment
46	Disability case management
47	Disability day programs & activities
48	Disability information/referral
49	Disability support packages
50	Disability supported accommodation
51	Drug and/or alcohol counselling
52	Drug and/or alcohol information/referral
53	Early childhood intervention
54	Emergency medical
55	Employment placement and/or support
56	Endocrinology
57	Endodontic
58	Family counselling and/or family therapy
59	Family day care
60	Family planning
61	Family violence counselling
62	Feldenkrais
63	Financial assistance

Code	Service type description
64	Financial counselling
65	Financial information/advice
66	Flying doctor service
67	Food safety
68	Foster care
69	Friendly visiting
70	Funeral services
71	Gastroenterology
72	Gastroenterology & Hepatology
73	General dental
74	General Practice/GP (doctor)
75	Generalist counselling
76	Genetic counselling
77	Geriatric medicine
78	Gynaecological Oncology
79	Gynaecology
80	Health advocacy
81	Health counselling
82	Health information/referral
83	Health regulatory, inspection and/or certification
84	Hearing aids & equipment
85	Hepatology
86	Higher education
87	Holiday programs
88	Home care/housekeeping assistance
89	Home maintenance and repair
90	Homelessness support
91	Homoeopathy
92	Housing information/referral
93	Hydrotherapy
94	Hypnotherapy
95	Immunisation
96	Immunology & Allergy
97	Infectious diseases

Code	Service type description
98	Intensive care medicine
99	Interpreting
100	Juvenile Justice
101	Kindergarten inclusion support for children with a disability
102	Kindergarten/preschool
103	Kinesiology
104	Legal advocacy
105	Legal information/advice/referral
106	Library
107	Long day child care
108	Magnetic resonance imaging (MRI)
109	Magnetic therapy
110	Martial arts
111	Massage therapy
112	Material aid
113	Maternal & child health
114	Mediation
115	Medical Oncology
116	Meditation
117	Mental health advocacy
118	Mental health assessment/triage/crisis response
119	Mental health case management/continuing care
120	Mental health information/referral
121	Mental health inpatient services (hospital psychiatric unit)—requires referral
122	Mental health non-residential rehabilitation
123	Mental health residential rehabilitation/community care unit
124	Myotherapy
125	Naturopathy

Code	Service type description	Code	Service type description	Code	Service type description
126	Needle & Syringe exchange	159	Paediatric Medical Oncology	191	Plastic & Reconstructive Surgery
127	Neonatology & Perinatology	160	Paediatric Medicine	192	Playgroup
128	Nephrology	161	Paediatric Nephrology	193	Podiatry
129	Neurology	162	Paediatric Neurology	194	Primary education
130	Neurosurgery	163	Paediatric Nuclear Medicine	195	Problem gambling counselling
131	Non-residential alcohol and/or drug dependence treatment	164	Paediatric Rehabilitation Medicine	196	Prosthodontic
132	Nuclear Medicine	165	Paediatric Rheumatology	197	Psychiatry (requires referral)
133	Nursing	166	Paediatric Sleep Medicine	198	Psychology
134	Nutrition	167	Paediatric surgery	199	Public Health Medicine
135	Obstetric & Gynaecological Ultrasound	168	Paediatric Thoracic Medicine	200	Public rental housing
136	Obstetrics	169	Paediodontic	201	Quit program
137	Obstetrics & Gynaecology	170	Palliative Medicine	202	Radiation oncology
138	Occasional child care	171	Parenting & family management support/education	203	Reflexology
139	Occupational Medicine	172	Pathology—Clinical Chemistry	204	Rehabilitation Medicine
140	Occupational therapy	173	Pathology—General	205	Reiki
141	Ophthalmology	174	Pathology—Genetics	206	Relationship counselling
142	Optometry	175	Pathology—Haematology	207	Relaxation therapy
143	Oral medicine	176	Pathology—Immunology	208	Reproductive Endocrinology & Infertility
144	Oral surgery	177	Pathology—Microbiology	209	Residential alcohol and/or drug dependence treatment
145	Orthodontic	178	Patient transport	210	Residential/out of home care
146	Orthopaedic surgery	179	Periodontic	211	Respite care
147	Osteopathy	180	Personal alarms/alerts	212	Rheumatology
148	Otolaryngology—Head & Neck Surgery	181	Personal care for older persons	213	School nursing
149	Outside school hours care	182	Personal fitness training	214	Secondary education
150	Paediatric Cardiology	183	Pharmacotherapy (eg. methadone) program	215	Self defence
151	Paediatric Clinical Genetics	184	Pharmacy	216	Sexual assault counselling
152	Paediatric Clinical Pharmacology	185	Physical activity group	217	Sexual health
153	Paediatric Endocrinology	186	Physical activity programs	218	Shiatsu
154	Paediatric Gastroenterology & Hepatology	187	Physical fitness testing	219	Sleep Medicine
155	Paediatric Haematology	188	Physiotherapy	220	Specialist Medical—Further Description
156	Paediatric Immunology & Allergy	189	Pilates	221	Specialist Surgical—further description
157	Paediatric Infectious diseases	190	Planned activity groups	222	Speech pathology/therapy
158	Paediatric intensive care medicine			223	Sporting club

Code	Service type description
224	Support for young people leaving care
225	Support groups
226	Surgery—General
227	Thoracic medicine
228	Toy library
229	Training & vocational education
230	Trauma counselling
478	Urogynaecology
479	Urology
480	Vascular surgery
481	Victims of crime counselling
482	Vocational Rehabilitation
483	Western herbal medicine
484	Workplace health and/or safety inspection and/or certification
485	Workplace safety and/or accident prevention
486	Yoga

References and where to find them

Policy:

- *Better access to services: a policy and operational framework*, Aged Care and Mental Health Division, June 2001 (www.health.vic.gov.au/pcps/coordination)
- Primary Care Partnerships overview (www.health.vic.gov.au/pcps/coordination)
- Service coordination overview (www.health.vic.gov.au/pcps/coordination)
- *Working with general practice: Department of Human Service Position Statement* (www.health.vic.gov.au/communityhealth/gps/position_statement.htm)

Service Coordination practice:

- *Victorian service coordination practice manual* (www.health.vic.gov.au/pcps/coordination)
- *Good practice guide for practitioners*—a resource of the Victorian Service Coordination Practice Manual (www.health.vic.gov.au/pcps/coordination)
- *Continuous Improvement Framework*—a resource of the Victorian Service Coordination Practice Manual (www.health.vic.gov.au/pcps/coordination)
- *Service access models: a way forward* (a resource guide for Community Health) (www.health.vic.gov.au/communityhealth/publications/chs_guide)
- Guide to generating the Victorian Statewide Referral Form (VSRF) (www.gpv.org.au/content.asp?cid=11,137&t=VSRF)
- *Working with General Practice: Department of Human Service Resource Guide* (www.health.vic.gov.au/communityhealth/gps/position_statement.htm)
- *GP Engagement in Integrated Chronic Disease Management—A resource for Primary Care Partnerships* (www.health.vic.gov.au/communityhealth/downloads/gp_engagement_icdm.pdf)

Privacy:

- DHS Service coordination privacy resources (www.health.vic.gov.au/pcps/coordination)
- DHS privacy resources (www.health.vic.gov.au/pcps/coordination)
- *Health Records Act 2001* (www.health.vic.gov.au/healthrecords)
- *Disclosure of information information sheet* (www.health.vic.gov.au/hsc/infosheets/disclosure.pdf)
- *Information Privacy Act 1988* (www.privacy.gov.au/act/index.html)
- Refusal of Treatment Certificate (www.publicadvocate.vic.gov.au/Publications/Medical-consent.html)

Client information management software application:

- The SCTT are available in most consumer information management software applications used by health and community service providers. Contact your software application vendor for more information about the availability of the SCTT in your consumer information management software application. Vendors can access SCTT2009 specifications from (www.health.vic.gov.au/pcps/publications/vendor_forum.htm).

HealthSMART:

- The SCTT are available in both the HealthSMART iSoft software application and the HealthSMART Trak software application (www.health.vic.gov.au/healthsmart)

Electronic service directories:

- Human Services Directory (www.humanservicesdirectory.vic.gov.au)
- Better Health Channel (www.betterhealth.vic.gov.au)

Workforce development:

- *Self paced training module* (www.health.vic.gov.au/pcps/coordination)
- *Service Coordination Orientation: A program for service providers*, a guide prepared for DHS by the Community Services & Health Industry Training Board, October 2002 (www.health.vic.gov.au/pcps/coordination)

Your information

It's private

What happens to information about you while you are a consumer of this service?

Who are we?

We are one of several health and community care services in your area, all working together in partnership to meet your health needs.

What information do we collect about you?

We keep your name and contact details on your consumer record. Other details such as your care plan and information about your health are recorded each time you visit.

Why do we collect your information?

The information we collect helps us to keep up-to-date details about your needs, so we can care for you in the best possible way. We also use the information to better manage and plan this service.

Who else sees your information?

Your information can only be seen by the professionals in this service involved in your care. Otherwise, we only release information about you if you agree or if required by law, such as in a medical emergency.

Any other questions?

Please talk to one of our staff if you have any other questions or complaints about what happens to your information while you are our consumer, or if you wish to access your record.

What say do you have in what happens to your information?

You have a say in what happens to your information. We rely on the information you give us to help provide the right care for you. If you decide not to share some of your information or restrict access to your consumer record, this is your right, but it may affect our ability to provide you with the best possible services. Talk to us if you wish to change or cancel your consent.

How will your information be protected?

We are committed to protecting the confidentiality of your record. The privacy of your information is also protected by law. We treat your information in the strictest confidence and store it securely.

Can you access your information?

Yes, you have a right to request access to your information and to ask for it to be corrected if necessary.

Translations

Translations of the consumer consent form and *Your information—it's private* brochure are available at www.health.vic.gov.au/pcps/coordination/privacy.htm. The languages available are listed below.

Translation List

Albanian	Greek	Punjabi
Amharic	Hindi	Pushto
Arabic	Hmong	Romanian
Armenian	Hungarian	Russian
Assyrian	Indonesian	Samoan
Bosnian	Italian	Serbian
Chinese—Simplified	Japanese	Sinhalese
Chinese—Traditional	Khmer	Slovene
Croatian	Korean	Somali
Czech	Kurdish (Sorani)	Spanish
Danish	Laotian	Tamil
Dari	Latvian	Thai
Dinka	Lithuanian	Tigrynia
Dutch	Macedonian	Turkish
Filipino	Maltese	Ukrainian
Finnish	Persian	Urdu
French	Polish	Vietnamese
German	Portuguese	Easy Speak

