

SIGN UP TO ASTHMA CONNECT FOR HEALTH PROFESSIONALS



**ASTHMA
AUSTRALIA**

Services, Resources and Opportunities



ASTHMA LINK E-NEWSLETTER

Keep up to date with the latest asthma management information, patient education strategies, resources and research.

Sign up at asthma.org.au/asthma-connect



ASTHMA TOOLKIT

An information pack you can provide to patients that explains all the asthma essentials and also contains a blank Asthma Action Plan.



APPS

Asthma app - information, medications, device videos, asthma action plans, first aid steps and more. Download from the Apple App Store or Google Play.

First Aid app - asthma first aid in the palm of your hand. Download from the Apple App Store or Google Play.



FREE ACCREDITED ASTHMA EDUCATION

Asthma in Australia: Practical solutions for challenges for primary care. Produced by ThinkGP.

Register at thinkgp.com.au/asthma



REFERRAL SERVICE

This service aims to work with the referrer to achieve improved asthma control in patients by providing additional evidence-based asthma self-management education and support. Referring is quick, easy and secure - select a template from our website to suit Best Practice, Genie, Medical Director, Practix or ZedMed, or a fax version and send by Secure Message: HealthLink - asthmaus / Medical-Objects - FA40060001U or Fax 0732571080.

Learn more at asthma.org.au/referrals



1800 ASTHMA (1800 278 462)

A free information and support service for anyone with questions or concerns about asthma. A free spacer can also be provided if required.

Learn more at asthma.org.au/1800asthma



THE COACH PROGRAM[®]

Free patient health coaching service delivered over the phone by Asthma Educators for up to six months that aims to help improve asthma control and general health by providing evidence-based asthma self-management education, support and goal setting.

Learn more at asthma.org.au/coach

The Asthma Australia referral service is available for patients over three years.

The COACH Program® is available for patients aged 12 years and older with a confirmed asthma diagnosis.

REFERRER DETAILS

| | | | | | |
|---------------------|----------------------|--------------|-------------------------------------|--|----------------------|
| Health Service Name | <input type="text"/> | | Date | <input type="text"/> | |
| First Name | <input type="text"/> | Surname | <input type="text"/> | Role | <input type="text"/> |
| Post Code | <input type="text"/> | Phone Number | <input type="text"/> | Fax Number | <input type="text"/> |
| Email Address | <input type="text"/> | | Secure Messaging Details | | |
| | | | <input type="checkbox"/> HealthLink | <input type="checkbox"/> Medical-Objects | |

PATIENT CONSENT AND CONTACT DETAILS

| | | | | | | | |
|--------------------|----------------------|-----------------|----------------------|----------------------------------|---------------------------------------|--------------------------------|----------------------|
| First Name | <input type="text"/> | Surname | <input type="text"/> | Date of Birth | <input type="text"/> | | |
| Age | <input type="text"/> | Gender | <input type="text"/> | Who are we contacting | | | |
| | | | | <input type="checkbox"/> Patient | <input type="checkbox"/> Parent/Carer | <input type="checkbox"/> Other | <input type="text"/> |
| Contact First Name | <input type="text"/> | Contact Surname | <input type="text"/> | Contact Number | <input type="text"/> | | |
| Email Address | <input type="text"/> | | Interpreter required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Language | <input type="text"/> |

Consent has been obtained from this patient/carer to provide their contact details to Asthma Australia for provision of free asthma education and support.

NOTES

SEND VIA

Web: asthmaaustralia.org.au/referrals

Fax: 07 3257 1080

Secure Message: search "asthma" Medical-Objects: FA40060001U HealthLink: (asthmaus)

For more information, contact Asthma Australia on

1800 ASTHMA (1800 278 462) or visit asthma.org.au