

Keep your asthma patients on track between visits with our free asthma support.

You can refer your asthma patients over three years old to Asthma Australia below, or via [asthma.org.au/referrals](https://asthma.org.au/referrals)

### REFERRER DETAILS

Health Service Name		Date
<input type="text"/>		<input type="text"/>
First Name	Surname	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Code	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		
Would you like to receive a patient summary report?		If yes, preferred method:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HealthLink <input type="checkbox"/> Fax <input type="checkbox"/> Email

### PATIENT CONSENT AND CONTACT DETAILS

First Name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	Gender	Who are we contacting
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Patient <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Other <input type="text"/>
Contact First Name	Contact Surname	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Email Address	Interpreter required	Language
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Contact Address Line 1		
<input type="text"/>		
Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

By completing this form I agree 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 (including current medications if applicable)

#### SUBMIT COMPLETED FORMS VIA:

Fax: **07 3257 1080** HealthLink: ([asthmaus](https://asthmaus.com.au))

For more information, contact Asthma Australia on **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](https://asthma.org.au)