

Self-Referral Letter to Adult Health Care



Name:

D.O.B & Age:

Summary of my health condition:

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-
-

My current medications/Treatment:

-
-
-

Medical Summary (e.g. operations):

-
-
-

Healthcare Goals that I have achieved:

- | | |
|---|---|
| <input type="checkbox"/> Administer & remember to take my medications | <input type="checkbox"/> Have a Medicare Card (Copy) |
| <input type="checkbox"/> Organise my medications | <input type="checkbox"/> Can have an appointment alone with my doctor |
| <input type="checkbox"/> Organise my scripts | <input type="checkbox"/> GP & hospital contact numbers are in my phone |
| <input type="checkbox"/> Talk about my health condition | <input type="checkbox"/> Know who to contact if concerned with my health/an emergency |
| <input type="checkbox"/> Medical ID phone app is filled in | <input type="checkbox"/> Initiate questions and confidently speak to my health care teams |
| <input type="checkbox"/> Track & manage appointments | <input type="checkbox"/> Have a good GP I trust |

Areas that I need to continue to work on:

-
-

My plan for the next few years is (e.g. health, education, work, personal life):

-
-

Some of my interests:

-
-

Questions I have for my new adult team:

-
-

Signed: _____

Date: _____

Email: _____

Mobile: _____

Address: _____