**Sending a Geri-Connect referral**

Complete Geri Connect Referral form, please include:

* The residents’ details, including Medicare number and expiry date.
* The GP’s name, signature and provider number.
* Discuss reasons for referral and some background information on residents’ issues.

These reasons may include pain, confusion, medication review or new admission.

* A recent set of vital signs and weight.

Attach all relevant information with the Geri- Connect Referral:

* Current Medication Charts
* Recent pathology
* Vital signs and weight
* All relevant information to support the referral

Send all information to [gericonnect@gvhealth.org.au](mailto:gericonnect@gvhealth.org.au) or Deborah.harrison@gvhealth.org.au

Once referral is received by Geri connect a telehealth consultation will be organized.