

Community Asthma Program

- Is under 18 years of age
- Lives in the north or western region of Melbourne
- Needs more education and support from a paediatric asthma educator

Are you seeing a child with asthma / wheeze who:

The program is tailored to individual family needs and can be provided at the Community Health Centre, or outreach if required.

This would include:

Assist client in understanding asthma /wheeze and how to manage it.

- Medication management
- Device technique
- Understanding their Written Asthma Action Plan
- Identifying triggers
- When to seek medical or emergency assistance
- Promoting self-management

To refer, please complete the referral form attached and fax or email to the details provided.

Self-referrals are welcome.



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CAP Referral Form

Client details

Name: _____

Address: _____

DOB: ____/____/____ Sex: Male Female

Client/parent/guardian verbal consent to referral

Name of person Asthma Educator should contact to make an appointment:

Phone number: (1) _____ (2) _____

Interpreter required. Yes No Language _____

Referring Health Professional

Name: _____

Agency: _____

Address: _____

Phone No: _____

Email address: _____

(If you would like to be involved in the child's management)

Additional Information _____

Cohealth:

LGA of Melton, Brimbank, Mooney Valley, Maribyrnong, Yarra, Banyule, Melbourne, Hobsons Bay, Wyndham).

Fax: 70001829 **Enquiries** 94486825

Email CAP@cohealth.org.au

**Please
send
referral
to**

DPV Health:

(LGA of Hume, Whittlesea, Nillumbik, Moreland, Darebin)

Fax: 8301 8889

Enquiries: 8301 8861



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