Are you seeing a child with asthma / wheeze who:

- 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

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.
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 _______________________________________

Please send referral to

Cohealth:
LGA of Melton, Brimbank, Mooney Valley, Maribyrnong, Yarra, Banyule, Melbourne, Hobsons Bay, Wyndham).
Fax: 70001829 Enquiries 94486825
Email CAP@cohealth.org.au

DPV Health:
(LGA of Hume, Whittlesea, Nillumbik, Moreland, Darebin)
Fax: 8301 8889
Enquiries: 8301 8861