

# community asthma program referral

The Community Asthma Program provides asthma education and support for children (1-17yrs) with asthma or pre-school asthma.

## What we offer

A health assessment and one-on-one education to children and their families to help understand and manage asthma.

This is a **free** program (no cost).

## Who is this for?

- Children aged 1-17 years with asthma or preschool asthma
- Families who live in the north or west of Melbourne: Banyule, Brimbank, Maribyrnong, Melbourne, Melton, Moonee Valley, Yarra, Hobsons Bay and Wyndham.

## An asthma educator can help you:

- identify triggers
- manage medication
- learn how to use asthma devices
- understand and follow your child's asthma action plan
- talk to your child's school, childcare or GP

Complete referral on next page



## Contact us

Parents, carers, clients can contact us. Anyone can refer.



### Call

03 9448 6410



### Email

[CAP@cohealth.org.au](mailto:CAP@cohealth.org.au)



Free interpreter service

available or call **131 450**



## For more information

scan the QR code or visit us at [cohealth.org.au/cap](https://cohealth.org.au/cap)



Child's full name

Parent or carer's name

Name of person making referral (you)

Parent or carer's phone number

Parent or carer's email

Child's home address

Child's date of birth

Child's gender

If an interpreter is needed, what language?

*Check the box to answer, select all that apply*

**1. Reason for referral:**

New diagnosis

Recent Emergency visit

Recent hospital admission

ICU/IV medications

Oral steroid use

Support with asthma control

**2. Does the child experience these issues?**

Eczema

Allergies

Anaphylaxis

Hay fever

**3. Does the child use a preventer daily?**

Yes

No

I don't know

**4. Anything else you want to tell us?**

**Referrer details (leave blank if self-referral)**

*GPs, pharmacists, nurses, clinicians and other referrers please complete:*

**Yes**, I have verbal consent to referral

**Comments**

**Enter your name and contact information**  
(address, email phone or fax)

**Send completed referral to:**

**cohealth**

**Email** [CAP@cohealth.org.au](mailto:CAP@cohealth.org.au)

**Fax** 7000 1829

**Phone** 9448 6410

**Locations** Banyule, Brimbank, Maribyrnong, Melbourne, Melton, Moonee Valley, Yarra, Hobsons Bay and Wyndham.

**DPV Health**

**Email** [cap@dpvhealth.org.au](mailto:cap@dpvhealth.org.au)

**Fax** 8301 8889

**Phone** 1300 234 263 (option 4)

**Locations** Hume, Whittlesea, Nillumbik, Merri-Bek, Darebin, Loddon Mallee and Mitchell Shire.