



INTEGRATED  
TEAM CARE  
PROGRAM



MAMU  
HEALTH SERVICE LIMITED

# Intake Flow Chart

For new external clients

## STEP 1 Identify

- ITC is available for people who identify as an Aboriginal or Torres Strait Islander person
- Patient CTG Registered
- Have a chronic health condition
- Have a current care plan (GPMP or Team Care Plan) for your chronic condition with your primary treating GP practice.

## STEP 2 Referral

- GP completed GP Management Plan (721 GPMP) or Team Care Arrangement (723 TCA)
- ITC Program Referral Form and Mamu Health Service Limited Client Registration completed and submitted to [ITC@mamuhsl.org.au](mailto:ITC@mamuhsl.org.au)
- GPMP or TCA attached with Referral Form

## STEP 3 Intake

- Referral received by ITC Intake Officer who assesses to determine if all the supporting documents are included.
- If referral is **incomplete**, ITC Intake Officer will feedback to referring GP requesting documents - **ITC enrolment cannot proceed until all documents are provided.**
- If referral is **complete**, ITC Intake Officer will be in touch with the client to welcome to the service.
- ITC Officer will notify GP via email - confirming acceptance of referral.
- Client's ITC enrolment will commence.

CONTACT US AT  MAMU  
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