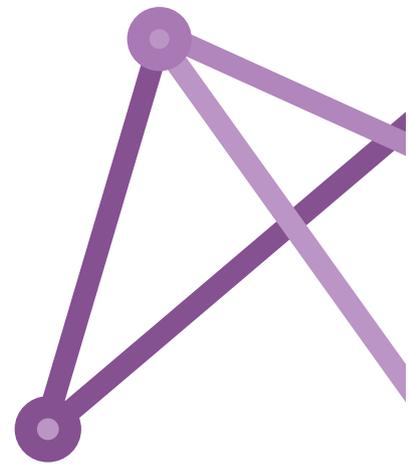




Have clients with unmet chronic health needs?

What our team members provide



Nurse Practitioners

use their advanced knowledge and expertise in providing:

- a comprehensive physical assessment (health check)
- pathology tests and other investigations, including follow up of results if required
- diagnostics investigation/screening and follow up of results (eg chest x-ray)
- diagnosis and management of acute and chronic conditions (eg chest infections, diabetes, depression, asthma)
- pharmacological and medication management
- high level advocacy, clinical discussions and collaboration with current providers and GPs for ongoing health management
- collaboration with community support workers to provide holistic care
- referrals and collaboration with other health providers to provide your client with wrap-around support.

Registered Nurses

support the client by providing:

- integrated chronic disease care coordination which includes case management, advocacy and health service navigation
- motivational interviewing, coaching and guidance towards developing their own Flinders chronic condition self-management care plan
- health literacy and knowledge to self-manage their condition
- links to a GP and assisting in building a lasting relationship
- collaboration with their community support workers in achieving their health outcomes

How to refer

If you have clients with health concerns, call **1300 650 803** and ask for **Primary Care at Home** or email queries to pcah@silverchain.org.au or referrals to screferrals@silverchain.org.au

There are no long wait times for the program. We will contact you or your client within 7 days.

Silver Chain is a not-for-profit organisation delivering community health and care services across Australia.

