ST JOHN OF GOD
Health Choices

VIC HOME NURSING REFERRAL FORM

Name .....

Address .....

.....

Date Of Birth ...../...../..... Sex

Record Number
Use label if available

Date of referral

Patient's Phone No: ..... **Patient's Alternative Phone No:** .....

SOURCE OF REFERRAL:

Referring Hospital: .....

Ward: ..... Phone No: .....

Name: ..... Designation: .....

Fund / Payer: .....

Membership / Claim No: .....

CALD NEEDS (Culturally and Linguistically Diverse)
Specify: .....

Interpreter Required ◯ Yes ◉ No

HOSPITAL ADMISSION DATE: .....

HOSPITAL DISCHARGE DATE: .....

MEDICAL PRACTITIONERS' DETAILS:

Provider No.: .....

Signature: .....

Contact Phone No.: .....

Fax No.: .....

ADDRESS (For service if not same as above):

.....

.....

.....

NEXT OF KIN: **RELATIONSHIP:**

Name: .....

Address: .....

Contact Phone No.: .....

REASON FOR REFERRAL

- ☐ Wound Care (Chart Provided)
- ☐ Wound Mgt Bag
- ☐ Drain Mgt
- ☐ IDC Mgt
- ☐ Stoma Care
- ☐ Hospital Substitution
- ☐ Medication Administration (PROVIDE CHART)
- ☐ Anti-Coagulant Therapy
  Time of last dose given .....
- ☐ Nursing Ax
- ☐ Other
- ☐ IVAB

Has 1st dose been given? ☐ Yes ☐ No

Time given .....

PICC LINE REPORT PROVIDED ☐

TREATMENT REQUIRED

FOR ALL MEDICATION ADMINISTRATION, MEDICATION CHART WITH WRITTEN ORDER REQUIRED.

RELEVANT MEDICAL / SOCIAL HISTORY	ALLERGIES AND ADVERSE REACTIONS
	Seafood Allergies

RISK ASSESSMENT

Home Safety Checklist Completed ☐

Pressure Area Score: .....

Falls Risk Score: .....

Are there any home safety risks we should be aware of:

.....

.....

.....

FIRST VISIT DATE: ..... **FREQUENCY OF VISITS:** ☐ BD ☐ Daily ☐ Once ☐ 2nd Daily ☐ Weekly

LAST VISIT DATE: ..... **NO. OF VISITS:** ..... Other .....

Anticipated duration of visit ◯ 30 mins ◉ 60 mins

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REFERRAL FORM - VIC

Name .....

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Date Of Birth...../...../..... Sex.....

Use Label If Available

	PHONE	FAX
Melbourne	1300 475 442	1300 460 436
Ballarat	(03) 9268 9183	(03) 5332 7343
Bendigo	(03) 5434 3522	(03) 5434 3424
Geelong	(03) 5215 8719	1300 460 436
Warrnambool	(03) 5564 0684	(03) 5564 0687