

**Referrer:** Please complete this form and fax it to Bolton Clarke as follows:

**Melbourne and Vic:** 1 300 657 265; **NSW** (02) 8843 2199; **QLD & Nth NSW:** 1300 792 129

This form is available from the 'Referrers' area in [boltonclarke.com.au/referrals/](http://boltonclarke.com.au/referrals/) **Phone:** 1300 22 11 22

### Client details:

(Attach adhesive label if appropriate)

<b>Name:</b>			<b>Bolton Clarke UR:</b> <small>(if known)</small>
<b>Address:</b>	<small>(Given name)</small>	<small>(Family name)</small>	
			<b>Phone:</b>
<b>Date of birth:</b>			<b>Gender:</b>
<b>Next of kin/contact:</b>			<b>Phone:</b>
<b>Interpreter required:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Language spoken at home:</b>
<b>Diagnoses:</b>			
<b>Relevant past history:</b>			
<b>Allergies:</b>			
<b>Pension/DVA number:</b> <small>(if applicable)</small>			
<b>Client is aware of referral</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>GP details if not referrer</b>	<b>Name:</b> _____	<b>Phone:</b> _____	
	<b>Address:</b> _____	<b>Fax:</b> _____	

### Referrer details:

(Complete as applicable)

<b>Organisation/network:</b> <small>(e.g. Peninsula Health)</small>	<b>The information has been faxed/phoned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hospital/facility:</b>	<b>Ward/clinic:</b>
<b>Referrer name:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Fax:</b>
<b>Planned discharge date:</b>	<b>Requested first visit date:</b>
<b>GP/hospital DVA provider no.:</b> <small>(NOT client's VX number)</small>	<b>ABN:</b>
<b>Days you usually visit the client</b> <small>(Community referrers):</small>	

Name: \_\_\_\_\_ UR: \_\_\_\_\_

**Nursing care requested:** (see below for home assistance) (Tick as many as required)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Nursing assessment                       | <input type="checkbox"/> Stomal therapy              | <input type="checkbox"/> IV therapy <sup>△</sup>            | <input type="checkbox"/> HIV/AIDS management              |
| <input type="checkbox"/> Continence management                    | <input type="checkbox"/> Personal care               | <input type="checkbox"/> Bowel management <sup>△</sup>      | <input type="checkbox"/> Diabetes management <sup>△</sup> |
| <input type="checkbox"/> Urinary catheter management <sup>△</sup> | <input type="checkbox"/> Aged care                   | <input type="checkbox"/> Medication management <sup>△</sup> | <input type="checkbox"/> Palliative nursing care          |
| <input type="checkbox"/> General nursing management               | <input type="checkbox"/> Technical care <sup>△</sup> | <input type="checkbox"/> Pain management                    | <input type="checkbox"/> Wound management                 |
| <input type="checkbox"/> Other: (specify)                         |  |   |   |

**Additional information:**  If you have requested an invasive procedure or medication (e.g. IV therapy, catheter management, wound care), please include or attach **medical authorisation** with details (e.g. medicine details, type and size catheter, specific wound regime). **Please include information about infections (e.g. MRSA/VRE).**

- Required equipment has been provided  I have included/attached medical authorisation

**Home assistance:** (Tick as many as required)

- |  |  |   |                                  |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Domestic assistance | <input type="checkbox"/> Transport     | <input type="checkbox"/> Social support   | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Shopping            | <input type="checkbox"/> Personal care | <input type="checkbox"/> Other: (specify) |                                  |

**Relevant information:**  Please advise if there is any actual or potential risk to Bolton Clarke staff security.

<b>Cognitive status:</b>
<b>Continence:</b>
<b>Mobility:</b>
<b>Hoist to be used by BC:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, date of last service:</b> <span style="float: right; font-size: small;">(Bolton Clarke staff will not be able to use the hoist unless it was serviced in the past 12 months.)</span>
<b>Client safety issues:</b>
<b>Carer:</b>
<b>At risk:</b>
<b>Access to home:</b>
<b>Other:</b>

**Other services involved or referred to:**

<b>Home Care Package: Organisation:</b>	<b>Package level:</b>
<b>Case Manager: Name:</b>	<b>Phone:</b>
<b>Community services</b> <input type="checkbox"/> Domestic assistance <input type="checkbox"/> Respite <input type="checkbox"/> Personal Care <input type="checkbox"/> Home maintenance <input type="checkbox"/> Other	
<b>Allied health:</b> (specify)	
<b>ACAS/ACAT:</b> (specify)	
<b>My Aged Care: Referred</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>RAS assessment:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>MAC ID:</b> if known	
<b>Transitional Care Prog:</b>	
<b>Other:</b>	