

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

Melbourne: 1300 657 265; **Other Vic** (03) 5221 5541; **NSW** (02) 6584 5940; **QLD & Nth NSW:** 1300 792 129; **SA, TAS & WA:** 1300 768 296

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

Client details:

(Attach adhesive label if appropriate)

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

Referrer details:

(Complete as applicable)

Organisation/network: <small>(e.g. Peninsula Health)</small>	The information has been faxed/phoned <input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital/facility:	Ward/clinic:
Referrer name:	Phone:
Email:	Fax:
Planned discharge date:	Requested first visit date:
GP/hospital DVA provider no.: <small>(NOT client's VX number)</small>	ABN:
Days you usually visit the client <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 [△] | <input type="checkbox"/> HIV/AIDS management |
| <input type="checkbox"/> Continence management | <input type="checkbox"/> Personal care | <input type="checkbox"/> Bowel management [△] | <input type="checkbox"/> Diabetes management [△] |
| <input type="checkbox"/> Urinary catheter management [△] | <input type="checkbox"/> Aged care | <input type="checkbox"/> Medication management [△] | <input type="checkbox"/> Palliative nursing care |
| <input type="checkbox"/> General nursing management | <input type="checkbox"/> Technical care [△] | <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.

On chemotherapy: No Yes – details: _____

Cognitive status: _____

Continence: _____

Mobility: _____

(Bolton Clarke staff will not be able to use the hoist unless it was serviced in the past 12 months.)

Hoist to be used by BC: No Yes If yes, date of last service: _____

Client safety issues: _____

Carer: _____

At risk: _____

Access to home: _____

Other: _____

Other services involved or referred to:

Home Care Package: Organisation: _____

Package level: _____

Case Manager: Name: _____

Phone: _____

Community services Domestic assistance Respite Personal Care

Home maintenance Other

Allied health: (specify) _____

ACAS/ACAT: (specify) _____

My Aged Care: Referred No Yes RAS assessment: No Yes MAC ID: if known _____

Transitional Care Prog: _____

Other: _____