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| http://inside.wh.org.au/departmentsandservices/publicaffairs/PublishingImages/Logos/jpgs/wh_mast_H_cmyk.jpg**Aboriginal & Torres Strait IslanderOutpatient Clinic Referral Form****External Referral*****Please complete form digitally and send as attachment to:****AboriginalAndTorresStraitIslanderClinic@wh.org.au* | ***Please complete form digitally and send as attachment*Hospital UR:** Click here to enter text.**Name:**  Click here to enter text.**Address:** Click here to enter text.**Suburb and post code:** Click here to enter text.**Telephone:** Click here to enter text.**DOB:** Click here to enter text.**Marital Status:** Choose an item.**Gender:** Choose an item. |
| **Triage Use Only**  | **Triaged by:** Choose an item. Click here to enter a date. |
| **Diagnosis/Main health condition:** Click here to enter text. **Other factors Affecting Health:** Click here to enter text. |
| **Referrers Name:** Click here to enter text. **Position:** Click here to enter text. **Tel:** Click here to enter text. **Referrers Email Address:** Click here to enter text.**Referring Hospital / Agency / Clinic:** Click here to enter text. |
| **GP Name:**  Click here to enter text. **Clinic Name:** Click here to enter text. **Address:**  Click here to enter text.**Tel:**  Click here to enter text. **Fax:**  Click here to enter text. |
| **Contact Person/Next of Kin:**  Click here to enter text.**Tel:** Click here to enter text.**Mobile:** Click here to enter text.**Address:** Click here to enter text.  | **NOK Relationship****Female NOK:** Choose an item. **Male NOK:** Choose an item.**Contact Person for Appointments:** Choose an item. |
| **Case Manager (if Relevant):** Click here to enter text. **Tel:** Click here to enter text.**Agency/Company Name:** Click here to enter text.  |
| **Interpreter Required** [ ]  Yes [ ]  No **Language:** Click here to enter text. |
| Patient or carer/NOK must consent to referral**Has the patient consented to this referral:**  [ ] Yes [ ] No  |
| Must identify as Aboriginal and/or Torres Strait Islander |
| *Please note- we cannot accept patients with acute surgical conditions***Patient requires 1 or more services from:** |
| Cardiology/Heart Failure Service |[ ]  Endocrinology |[ ]
| Nephrology |[ ]  General Medicine |[ ]
| Respiratory |[ ]  Gastroenterology- must be stable with a diagnosis/no acute changes |[ ]
| **Reason for Referral:** Click here to enter text. |
| **Relevant Medical/Surgical History:**Click here to enter text.Please attach current medication list [ ]  |
| **Social History:**Click here to enter text.  |
| **Please attach recent relevant clinical investigation results (please tick all that apply)**[ ] Blood test [ ]  X-ray [ ]  Wound swab/biopsy [ ]  Angiogram [ ]  Holter Monitor [ ] Echo [ ]  MRI [ ]  Bone scan [ ]  Other (state): Click here to enter text. |
| **Any special requirements:** Mobility issues [ ]  Cognitive issues [ ]  Bariatric [ ]  Hearing/Visual Deficit [ ] **Other- please describe in detail:** Click here to enter text. |
| **Carer Availability**[ ] No Carer [ ] Co-resident carer[ ] Non-resident carer  | **Carer Relationship**[ ] Spouse/Partner[ ] Parent[ ] Child[ ] Child in law[ ] Other relative[ ] Friend/Neighbor[ ] Foster Carer | **Living Arrangements**[ ] Lives alone[ ] Lives with family[ ] Lives with others[ ] Not stated | **Accommodation**[ ] Private (own/rent/purchased)[ ] Outreach[ ] Supported Community[ ] Residential Aged Care [ ] Residential Care facility (not aged) [ ] Short term Crisis/Emergency [ ] Other accommodation |
| **Country of Birth:** Click here to enter text. **Aboriginal or Torres Strait Islander:** Choose an item.**Medicare Number:** Click here to enter text. **Pension Number:** Click here to enter text. **DVA Number (if applicable):**  Click here to enter text.**TAC?** [ ]  No [ ]  Yes- **Claim Number:** Click here to enter text. **WorkCover?** [ ]  No [ ]  Yes- **Claim Number:** Click here to enter text. |
| **Clerical use only Requested appointment date:** Click here to enter a date. **Time:** Choose an item. **Booked on iPM:** Click here to enter a date. **Time:** Choose an item. **Clerked by:** Click here to enter text. |