# REFERRAL FOR ADMISSION

**Phone: 9595 3424** **Fax: 9596 0126**

**For Patients**: give this form to your doctor to refer you to Calvary Bethlehem

**For Doctors**: use this form for patient referrals to Calvary Bethlehem

**Referred by:**

| | |
|---|---|
| Name: | Designation: |
| Organisation: | Phone: |
| | Fax: |
| Sign: | Date: |
| Doctor's Provider No: | |

**Referral designation**: (please tick correct box)

☐ Terminal care ☐ Assessment ☐ Symptom management ☐ Maintenance

☐ Inpatient Admission ☐ Community Palliative Care Service (CPCS) ☐ Neurological Ambulatory Service (NAS)

Does the patient have an existing advanced care plan/ advanced care directive or goals of care document?
☐ Yes ☐ No If Yes, pleas attach a copy.

**Reason for referral / Current issues:**

Please provide more information:

**Patient and family expectations:**

| **Patient details:** | | | | |
|---|---|---|---|---|
| Title | First name: | | Surname: | |
| Address: | | Service address: | | |
| Marital status: | ☐ Married ☐ Widowed ☐ Divorced/Separated ☐ Single ☐ Partner | | | |
| Country of birth: | | | | |
| **Patient's phone numbers:** | | | | |
| Home: | Mobile: | | Work: | |
| Preferred contact person: | | | | |
| Preferred mode of contact: | ☐ Mail ☐ Phone ☐ Email: _____ | | | |
| ☐ Male ☐ Female ☐ Other | DOB: | Age: | Religion: | |
| Preferred language: | Interpreter: ☐ Yes ☐ No | | ATSI ☐ Yes ☐ No | |
| Family/Carer details: | | | | |
| Next of Kin: | | Relationship to Patient: | | |
| Phone numbers: | | Lives with Patient? ☐ Yes ☐ No | | |
| Social situation: | ☐ Lives alone | ☐ Carer | ☐ Residential care ☐ Low level care ☐ High level care | |

| **Service providers:** | |
|---|---|
| GP name: | Address: |
| Phone no: | Fax no: |
| Specialist name: | Address: |
| Phone no: | Fax no: |
| Other service providers: | |

REFERRAL FOR ADMISSION

MR 015

**Clinical information:**

**Diagnosis:**

**Accompanying Documentation (e.g. medical letters, discharge investigations etc):**

**Allergies:**

**Behavioural or cognitive concerns:**

| | |
|---|---|
| Signed: | Designation: |
| Date: | |