* 2 5 1 4 5 *

Canberra Health Services

GP only Referral for CHI

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

Phone: 5124 9977 **Fax:** 5124 1082

☐ **Is client aware of referral?** ☐ **Consent for database registration**

GP / Specialist Details:

Name: _____ **Address:** _____

Phone No.: _____ **Fax No.:** _____

Patient/Client/Consumer Details:

Title: _____ **Given Name:** _____ **Surname:** _____

Gender: ☐ Male ☐ Female **Date of Birth:** ___/___/___

Address: _____

Phone: Home: _____ Work: _____ Mobile: _____

Permission to leave message: ☐ Home ☐ Mobile ☐ SMS ☐ NOK

Medicare number: _____

If client is staying with relative please include contact no. and visit address of relative:

Address: _____ **Ph:** _____

Funding Type: ☐ Aged pension ☐ Health Care Card ☐ Vets Affairs – GOLD ☐ NDIS

☐ Commonwealth Home Support Program (CHSP) Card Number: _____

Next of Kin: Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Mobile: _____

Permission to leave message: ☐ Home ☐ Mobile

Interpreter required: ☐ Yes ☐ No **Language spoken:** _____

Relevant personal/social issues: _____

_____

Reason for Referral / Services required: (Please attach pathology results for all diabetes referrals)

_____

_____

_____

Medications: Allergies/Topical Sensitivities: _____

Please fill in medication order below for all IM, IV and Eye drops medications. A doctor must administer first dose for all IM and IV medications. Dr's original orders should be given to the client for the Community Nurse. Clients are also required to supply their own medications as ordered. *For all other medications please include a separate list.*

First dose(s) given by: _____ **Date:** _____ **Time:** _____

Start date dd/mm/yy	Medication	Route	Dose	Frequency	End date dd/mm/yy	Signature
dd/mm/yy					dd/mm/yy	
dd/mm/yy					dd/mm/yy	
dd/mm/yy					dd/mm/yy	
dd/mm/yy					dd/mm/yy	

GP Signature: _____ **Date:** ___/___/___ **Time:** _____

Referrer details:

Signature | Print name | Designation | Phone number

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