

Alfred  Sandringham  Caulfield

Unit:.....

## REFERRAL TO HIV SUB ACUTE SERVICES

UR:

Family Name

Given Names

Date of Birth

Gender:  Male  Female

- All referrals for sub acute care will be triaged by the HIV Service and HIV Ambulatory Team Mon - Fri to determine the most appropriate health care response
- Responses may include: inpatient admission acute/sub acute, ambulatory response, referral to specialist service
- For acute queries: HIV Registrar on call - 9076 2000
- For non-acute queries: : HIV Ambulatory Nurse - 9076 5274

### Patient Details

Given Name		Family Name/s	
Address		Date of Birth	
		Phone	
Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No		Language	
Patient Location <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other			
Person Responsible Name			
Relationship to patient			Phone

**Health issues to be addressed / reason admission sought**

**Relevant History: Including D&A, mental health**

**Outcomes requested**

Referrer Details		Date of Referral	
Referrers Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Signature	<input type="text"/>

Send referral to: Fax **9076 6093** or email [jdclinic@alfred.org.au](mailto:jdclinic@alfred.org.au)

