## **AlfredHealth**

UR

Alfred Sandringham Caulfield

## **REFERRAL TO HIV SUB ACUTE SERVICES**

- 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

\* X X 2 2 1 \*

For non-acute queries: HIV Ambulatory Nurse 9076 5274									
Patient Details *mandatory fields									
Family Name*					Give	n Name*			
Date of Birth*					Gen	der: 🗆 Fe	male D	] Male	
Address						Telephone			
Medicare No				Reference No			Expiry		
Bulk Bill Private TAC WorkCover Pensioner DVA Other									
Interpreter  Yes  I		No Language					1		
Aboriginal or Torres Strai		t Islander	□ Yes				□ No	□ Not specified	
Disabilities									
Cultural conside	rations		1						
Contact Person		Name							
		Relations		iou ocuale		Telephone			
Health issues to be addressed / reason admission sought									
Relevant History, including D&A, mental health									
Outcomes requested									
								1	
Referrer Details	;	Date	of Referral			Prov	vider No		
Referrers Name				Address					
Telephone				Fax					
Email				Copies to					

Return referral to: Fax 9076 6528 or email idclinic@alfred.org.au

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EMR: Admission / Admission Request