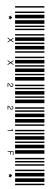
AlfredHealth

UR

Alfred Sandringham Caulfield

REFERRAL TO HYPERBARIC SERVICE (OUTPATIENT)

Family Name*				Given Na	ame*			Date of Bi		
Has this	 Has this referral been discussed with the Hyperbaric Registrar? The Alfred 9076 2000									
 Has this reternal been discussed with the Hyperbanc Registral? The Afred 9070 2000 If yes, Registrar name Emergency conditions MUST be discussed with the Hyperbaric Registrar acute decompression illness; cerebral arterial gas embolism; necrotising soft tissue infections; acute ischaemia; acute retinal artery occlusion Note: The Alfred Hyperbaric Service does not perform routine fitness to dive assessments 										
Enquiries:										
Address:	Address: Level 1 Hyperbaric Unit, The Alfred, 55 Commercial Road, Melbourne, VIC, 3004 Your patient will be contacted with appointment details									
							h appointment al Record Nur		nform	ation online.
Patient Details										
Sex	□ Fema	ale 🗆 Male	e ⊡ Ot	ther	Tele	phone				
Address					•	•				
Email					Me	dicare No		F	Ref	
□ Private □ Pe	ensioner		WorkCo	ver 🗆 D	VA 🗆	Other		·		
Interpreter	□ Yes	🗆 No	Languag	ge			·			
Aboriginal or To	rres Strai	t Islander								
Cultural conside / special needs	Cultural considerations									
Contact Person	Cantast Darson Name									
Contact T erson	Relationship				-	Telephone				
Reason for re	ferral / ł	nealth issu	ues to be	e addres	ssed					
□ radiation cystitis □ diabetic / ischaemic wounds										
□ radiation proctitis				☐ chronic non-healing / infected wounds						
☐ radiation soft tissue injuries										
□ surgery in a previously irradiated field				acute idiopathic sensorineural hearing loss						
				second opinion fitness to dive assessment						
□ other	other									
Patient's hist	ory and	progress	on abov	e issue	/s (add	litional hist	ory required o	n page 2)		
Medications List or attach deta	nils									
Allergies		Yes, list Nil known								



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EMR: Referrals / Referral to Clinic



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Alfred Sandringham Caulfield

REFERRAL TO HYPERBARIC SERVICE (OUTPATIENT)

Family Name*			Given Name*		Date of Birth*		
Medical history, including implanted devices (drug delivery, pacemaker)							
	medical mistory, meruding implanted devices (didg delivery, pacemaker)						
Hyperbaric h	istory						
	-						
	erbaric treatment	□ Yes	When?				
History of asth	nma / COPD	□ Yes	Attach lung function tests, <i>if available</i>				
History of hea	rt failure	□ Yes	Attach echocardiogram results				
History of epil	epsy	□ Yes	Last seizure date?				
History of acti	ve malignancy	□ Yes	Details				
History of claustrophobia		□ Yes	Details				
Comments							
Secial histor	ambulatory ata		ooringu ohili	ty to attand treatme	1.1 (1.1.1)		
	y – ambulatory sta	itus; sen	-caring; abiii	ty to attend treatme	ent (daily up to 8	weeks)	
Investigation results – (attach results and details as per list on page 3)							

Referrer Details		Date of Referral			Provider No	
Name			Address			
Telephone			Fax			
Email			Copies to			

Return referral to Fax 9076 3052 E gahyperbaric@alfred.org.au

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REFERRAL TO HYPERBARIC SERVICE (OUTPATIENT)

HYPERBARIC SERVICE – referral requirements

Condition	Investigations/Details to include			
Radiation Injuries	1. Date of radiotherapy			
	2. Type of concurrent chemotherapy agent, current surgical plan			
	3. Expected operation date			
	 Diagnosis of osteoradionecrosis 			
Radiation Cystitis/ Proctitis	1. Date of radiotherapy,			
	2. Type of chemotherapy agent			
	Surgical management to date			
	4. Future surgical plan			
	Transfusion dependence or episodes of clot retention			
	6. Cystoscopy/Colonoscopy Reports			
Wounds	1. Details on chronicity			
	2. Failed treatments			
	Current dressing regimen & wound clinician lead			
	Antibiotics therapy if relevant			
	5. Diabetic status			
	6. Previous evidence of patent vasculature e.g. angiogram report			
Osteomyelitis / Non-union	1. Microbiology findings			
fractures	2. Imaging reports			
	3. Photographs if relevant			
	4. Chronicity			
	5. Surgical plans			
Idiopathic sudden	1. Date of onset			
sensorineural hearing loss	2. Audiometry report			
	3. Presence of grommets			
	4. Concurrent treatments e.g. steroids			

HYPERBARIC SERVICE

What does it entail?

Commitment for daily treatments of Monday to Friday for typically six to eight weeks. Treatment involves breathing 100% oxygen via a breathing hood or mask in a specialised high pressure chamber where the surrounding pressure is increased by up to three times.

How long does each treatment take?

Actual treatment is 2 hours a day with allowances for attire changes and preparation. Actual time in the unit is usually from 0730-1030 or 1030-1330 (excluding transport time).

Are there options for accommodation near The Alfred?

We can explore options for accommodation in neighbouring suburbs with varying levels of subsidy depending on your residential situation

Does smoking affect my healing?

Yes it does. We strongly recommend smoking cessation or at least reduction prior to commencing treatment. In some cases, smoking cessation is a requirement to starting treatment.

What are the side effects?

Common side effects include potential damage to the ear drum due to pressurisation, reversible shortsightedness and rarely, seizures related to oxygen toxicity. We can discuss this further during the initial assessment for hyperbaric oxygen treatment.

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