

**MONASH HEALTH**

**POST ACUTE CARE REFERRAL**

Community Access Email Address:  
[icareaccess@monashhealth.org](mailto:icareaccess@monashhealth.org)

Phone: 8572 5631

UR:

Patient Name:

DOB:

Sex:

Address:

Mobile:

Email:

Contact should be made with:

Client

Emergency contact

Client is aware of referral & verbal consent given?

Patient Registration Form with patient demographics, GP and Next of Kin must be attached (external referrals)

Admission Date (if applicable)		Estimated Discharge Date (if applicable):	
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Discharge address (if different to Patient ID label):	Phone:
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Emergency Contact Person:	Relationship:	Phone:
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GP Name:	Email:	Phone:
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GP Address:
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Diagnosis / Reason for Admission:

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Relevant Medical History:

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Social History/Issue:

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Communication	Physical Function	Social	Current Services	Risks
No impairment	Independent	No identified supports	Council	Behavioural concern
Hearing Impaired	Requires prompting	Lives alone	Private	Allergies
Vision Impaired	Requires Assistance	Family/Friend support	Home Care Package Level 1-2	Chemotherapy
Speech Impaired			Level 3 - 4	Clutter / home in disrepair
Risk management plan discussed with client and PAC			Case Manager details:	Drug/Alcohol Dependence
If Level 3-4 package, have you liaised with Case Manager & reason why package cannot fund PAC service?				COVID Positive Clearance Date
				Other (eg. VRE)

PAC Service Requested	Information required to process referral. Please attach with referral.		
IDC Management	Change of catheter form	Insertion Date	
	TOV Date	Education / Support visits	
Wound Care	Stoma Care	Wound Chart & Frequency	3 days products supplied
		Signed Order	Suture/clips removal date
Collar/Brace Care		Instructions provided	PCA Summary attached
Clexane administration		Signed drug chart / medications / sharps container supplies given	Process for dosing warfarin
Insulin Administration		Signed drug chart / medications / sharps container / reportable levels	
		BSL reportable limit form	
Medication Management		Signed Drug chart	Webster Pack
Home Care		Short-Term Service	Ongoing
Personal Care Assistance (PCA)		PCA Summary attached	Short-Term Service    Ongoing
Shopping Assistance		Short-Term Service	Ongoing
SRS Accommodation		Recuperative – Plan for post SRC	
Physiotherapy		Physio discharge summary	Referral to CHS
		Referral to CRC	Referral to RITH

Comments:

My Aged Care Referral Completed: <i>(If applicable)</i>	Yes	No	Not Applicable	MAC Referral No:	
<b>MEDICAL DISCHARGE SUMMARY ATTACHED</b>					
<b>*Referrals sent without required information will be returned to the referrer</b>					
Referrer Name:		Designation:		Date:	
Hospital/Ward Name:		Contact Number:			