Epworth

Hospital in the Home Referral Checklist

Affix Patient Identification Label

Unit Record Number .....

Surname .....

Given name .....

D.O.B. ..... Age ..... Sex.....

Medical Practitioner .....

Fax to HHU on 9426 6856 or email to ER-HHUGroup@epworth.org.au

Patient's name: DOB:

Address:

Health Fund:

Hospital: Ward: Room: Contact Phone:

Diagnosis:

Procedure:

Past History:

Medication Treatment:

Length of Treatment:

Referring Specialist:

Other mobility/social limitations/Care needs with ADL's:

Planned date for transfer home and to HHU:

Appointments already arranged:

** ATTACH Drug chart to referral

Enquiries during business hours to HHU Phone No. 0407 530 954

Following the receipt of this referral, a HHU Doctor will review the patient prior to accepting the patient. This is usually done within 24hrs of receipt of referral.

Transfer to HITH subject to health fund eligibility.

REF2H

07/20

HOSPITAL IN THE HOME REFERRAL CHECKLIST

REF2H