

## Metropolitan Referral Unit - Adult Referral Form



Referral Fax: 1300 546 104 Email: Health.MRU@sa.gov.au

Referral source  Public hospital  GP  Aged care facility  Other

<b>PATIENT INFO</b> Sticker/MR10/UR No:	
Surname:	First name:
Address:	
Suburb:	P/Code:
<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: / /
Telephone:	
Mobile:	
<b>Address where care to be provided</b> (if not usual address)	
Address:	
Suburb:	

Date of referral: \_\_\_\_\_ Time: \_\_\_\_\_  
 Requested Service Commencement date: \_\_\_\_\_  
 Referring Hospital/Agency: \_\_\_\_\_  
 Ward/Unit: \_\_\_\_\_ Ext No: \_\_\_\_\_  
 Admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_  
 Aged Care Facility:  Low level  High level

USUAL LIVING:  
 Alone  With Family  With Spouse/Partner  
 Homeless  Friend/s  Other:

NOK: \_\_\_\_\_ (Relationship): \_\_\_\_\_ GP/Practice: \_\_\_\_\_

NOK Phone(s): \_\_\_\_\_ GP Phone: \_\_\_\_\_

INDIGENOUS STATUS:  Aboriginal  Torres Strait Islander  Both  Neither  UnknownCOUNTRY OF BIRTH:  Australia  Other (*specify*): \_\_\_\_\_ Interpreter required? *specify*DVA Card Holder  Yes  No (DVA number) \_\_\_\_\_ Health Fund  Yes  No

KNOWN RISKS TO COMMUNITY STAFF VISITING HOME: (Environment/ Animals /Aggression)

PRIMARY DIAGNOSIS: (including date of surgery if applicable):

PMH &amp; Secondary Conditions:

ALLERGIES: \_\_\_\_\_ MRO:  MRSA  VRE  Other MRO (*specify*): \_\_\_\_\_

MANAGEMENT PLAN / CARE REQUESTED: (please attach with this form any additional information to assist community care delivery)

Date and location of next Outpatient Appt (if known):

ATTACHED:  Medication Authority  Mental Health Risk Assessment  Discharge Summary  Wound Chart PICC/Other Vascular line details  Other information attached:

COMMUNITY SERVICES & New referrals	Current/New	Details – contact name & phone number	Referred Date

EQUIPMENT In Place (describe):

EQUIPMENT Requested:

Referrer's signature:	Print Name:	Contact number:
	Role/Designation:	

Please complete form and send via email Health.MRU@sa.gov.au or FAX to 1300 546 104.

Access and download forms and resources: [www.sahealth.sa.gov.au/MRU](http://www.sahealth.sa.gov.au/MRU) or Phone 1300 110 600.