Metropolitan Referral Unit - Adult Referral Form

Government of South Australia
SA Health

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

Referral source ☐ Public hospital ☐ GP ☐ Aged care facility ☐ Other

PATIENT INFO Sticker/MR10/UR No: ....
Surname: .... First name: ....
Address: ....
Suburb: .... P/Code: ....
☐ Male ☐ Female DOB: .... / .... / ....
Telephone: ....
Mobile: ....
Address where care to be provided (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 ☐ Unknown
COUNTRY 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 & 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: .... Role/Designation: .... Contact number: ....

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 or Phone 1300 110 600.