Referral For Home Care Services

Please Complete this form and email it to Referral@inhomecarevic.com.au.

This form is designed for healthcare professionals to assist with the discharge process. If you are looking to self-refer to our services, please get in touch with us through our general enquiries line 03 8313 1474 or info@inhomecarevic.com.au

Client Details		
Name:		
Address:		
Date of Birth:		Gender:
Phone:		Mobile:
Primary Language:		
Next Of Kin:		Relationship:
Contact Number:		
Admission Diagnosis:		
Relevant Past History:		
Allergies:	NKA ☐	Specify:
Client consented to the Referral	Yes ☐ No ☐	

Referee Details		
Hospital / Organisation :		Ward:
Referrer Organisation:		
Contact Name:		Phone:
Email:		

Alerts		
Infections:		
Aggression:		
Mobility Status:		Aids:
Cognition:		
Advanced Care Directive:		

GP Details		
GP Name:		Phone Number:
Clinic:		

Services and Funding

Services Required Please select all that apply		
Requested First Service Date:		Planed D/C Date:
☐ Nursing assessments	☐ Stoma Care	☐ Medication Management
☐ Diabetes Management	☐ Urinary Catheter Management	☐ Chronic Disease Management
☐ Welfare Checks	☐ Wound Management	☐ Continence Management
☐ Post Surgery Care	☐ Personal Care	☐ Palliative Nursing Care
☐ Other (specify):		

Funding		
Current Services In Place:	☐ Personal Care ☐ Domestic Assistance ☐ Home Maintenance,	
Home Care Package:	Case Manager:	
	Organisation:	Phone Number:
NDIS: Care Coordinator:		Phone Number:
	Organisation	
TAC:	TAC Claim Number:	
DVA:	Card number:	
Private Insurance:	Health Fund: Member Number:	
Private Funding:	Yes ☐	Price List Received Yes ☐ No ☐

To Referrer

Thank you for your referral. You can expect to receive a response within two business days. If you need to change, update or cancel the referral or need an urgent response, please contact us on 03 8313 1474.

- Please provide relevant documentation to make the initial assessment process quicker and provide you with a decision promptly. Eg: Wound care plans, Medication lists, discharge summaries and Funding information.
- Please provide at least one week's supply of consumables on discharge to ensure a smooth transition. (Eg Wound dressings, Stoma supplies, medications etc.)