

UNIT NUMBER

RANKIN PARK CENTRE INPATIENT REFERRAL FORM

SURNAME		UNIT NUMBER
OTHER NAMES		
ADDRESS		
DATE OF BIRTH	M.O.	

HOSPITAL / WARD:



HNE023100

BINDING MARGIN - DO NOT WRITE

Home phone number:	
Next of kin:	Phone number:
GP:	Phone number:
Referring Ward::	Contact number for admission:
Referral date:	Patient ready at time of referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
Admitting Doctor:	
Diagnosis / Principal Disabilities	
Admission Goals	1
	2
	3
	4
	5
Potentially problematic issues / needs	
Challenging behaviours (wandering / aggression)	Are there any challenging behaviours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide details:
Anticipated length of stay in days:	
Post-admission review length of stay:	

Geriatrician/Rehabilitation Physician - Signature _____ Date _____

Fax to 14896 - For NORTH WARD PATIENTS (CVA, Neurological, Brain Dysfunction)
 Fax to 14891 - For SOUTH WARD PATIENTS (Geriatric & Amputees)
AND
 send a hard copy through mail to Rankin Park Centre

Facility _____

VERBAL HANDOVER FORM

SURNAME		UNIT NUMBER
OTHER NAMES		
ADDRESS		
DOB	M.O.	

Date Received _____ Time Received _____

Given by _____ Received by _____ Signature _____

Sending Facility _____ Ward/Area _____ Contact Number _____

Accepted/Admitted under Dr. _____ ETA (if known) _____

Family/Carer notified of transfer – No / Yes Contact Name and Number _____

(Points within the boxes are to be used as prompts – not all information will be required for each patient)

REASON FOR ADMISSION

Accident, when, where, how
Admission date
Diagnosis
Co-morbidities

TREATMENT

Oxygen
Medications IV Fluids
Surgery

CURRENT STATUS

Observations TPR/BP
SaO2
BGL
Fluid Status
Pain
GCS

REASON FOR TRANSFER

RISKS/SAFETY

Allergies
Infection/Alerts
Falls
Pressure Areas
Cognitive Status (dementia/confusion)
Swallowing
Bariatric requirements
Manual handling score
Mental Health Issues
Schedule/Sectioned/Security Required

SPECIAL NEEDS

Dietary
Interpreter
Mobility – independent/Assistance
Continence
Social Issues
Referrals

OTHER RELEVANT INFORMATION

Time to Access Block (if relevant):

Continue on back of form if required

PLEASE COMPLETE OTHER SIDE



HNE037000

BINDING MARGIN - DO NOT WRITE

