

TRANSITION CARE PROGRAM REFERRAL

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UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH Gender

Please fill in if no Patient Label available App.28/8/19 Print Code:14823

Usual Address: Phone Number:

Sex: Marital Status..... Country of Birth:..... Language spoken:.....

Contact Person:..... Relationship: Contact Number:

Pension No: Medicare No.:..... DVA No:.....

Name and Address for Pharmacy and TCP account:.....

Indigenous Status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Referred to Transition Care Program: ☐ Residential ☐ Home Based

Referral Category; ☐ 1 ☐ 2 ☐ 3 (refer to over page for referral category)

Is patient aware of referral and has consent been obtained ☐ Yes ☐ No Have Fees been discussed: Yes ☐ No ☐

Diagnosis / Admission reason / complications during admission:.....

Past medical History:.....

Documented history of multi resistant organisms (eg. VRE, EBSL, MRSA) Contact Precautions: Yes / No

Detected Organism:.....Site:Clostridium difficile: ☐ Last +ve specimen:

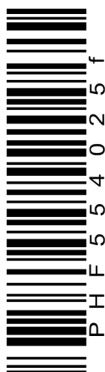
Current Mobility / function / continence:.....

Current Cognition and behaviors of concern:.....

Risk Factors identified:

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MR/554025



**TRANSITION CARE PROGRAM
REFERRAL cont.**


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Social Background and previous level of function:


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POA or guardian: (appointed, pending or details of process started)**Goals for TCP:** (including barriers to these goals being achieved prior to referral)**Long Term Goal:****Equipment Requirements:** Lo-Lo Bed ☐ Cot Sides ☐ PR Mattress ☐ PR Cushion ☐ Sensor Mat ☐Specialist Wheelchair ☐ Bed Pole ☐ Monkey Pole ☐ Tilt in-space Commode ☐ O² Concentrator ☐

Other:

Bariatric equipment needed: Yes ☐ No ☐ Clients current weight:**Anticipated Discharge Date:**

Name of Referee: Design: Date/Time:

Address: Phone: Fax:

Acceptance Criteria	Category	Exclusion Criteria
Patient with clearly identifiable, time limited goals as assessed by team.	1	Patients with behavioural concerns or associated issues identified
Patients requiring additional time to work through social, environmental or other associated issues that require time to resolve.	2	Patients under the age of 65 years. Case by case discussion will be required to determine eligibility. Please refer to the Disability Guidelines
Patients clearly identified as requiring residential care and have commenced / completed the wait listing process	3	
Patients with identified goals of maintaining current level of function (rather than improving).	3	