

HARP COPD REFERRAL FORM

Fax: (03) 9076 5013

Any health professional directly involved in the clients care may use this form to refer into the service.

Affix client ID Label or complete: UR number: Name: Address: Phone: DOB: Gender: Male / Female	GP Details Name: Address: Phone: Fax:
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Program inclusion:

- Moderate (FEV¹ <60%) or Severe (FEV¹ <40%) COPD.
- Client of Alfred Health – includes The Alfred, Caulfield Hospital and Sandringham Hospital.
 - Clients from other non-Alfred Health services require further discussion.
- Has had at least one unnecessary or avoidable hospital presentation or admission to Alfred Health in the last 12 months OR is at imminent risk of hospitalisation and other community services cannot meet their needs.
- Lives in the Alfred Health Catchment (part of, or all of, the following cities Melbourne, Stonnington, Glen Eira, Port Philip and Bayside)
- The client or their carer can be directed toward self-management of their chronic respiratory disease.
- Client consented to referral and sharing of information.
- Client has been referred to Pulmonary Rehabilitation.

Provisional (discharge) diagnosis: _____

COPD referrals please include:

- Copy of most recent lung function test
- Discharge summary
- Medication list (i.e. MR M1B Medication Reconciliation Form)
- Copy of oxygen prescription (if applicable)
- Copy of non-invasive ventilation (CPAP or BIPAP) prescription (if applicable)

Aboriginal or Torres Strait Islander: Yes / No

Country of birth: _____

Preferred language: _____

Interpreter required: Yes / No

Carer: Has carer / No Carer / Not stated

Carer co-resident: Yes / No / Not stated

Formal social supports such as case manager, CACP?

Living arrangements: Alone / With family / With others / Not stated

Accommodation type: Independent living / Residential care facility / Supported housing

Comorbidities:

Behaviours of concern during admission: Yes / No

If yes, please describe:

Referral sender: _____

Contact number: _____

Department: _____

Date: _____

**Once referral is received it will be assessed and you will be notified of outcome by phone.
For urgent referral (within 24 hours) response please call COPD Outreach on 0409 385 422.**