Email patient.flow@ozcare.org.au
Phone 07 3717 5577 or 0417 784 916 Fax 07 3028 9665

CANOSSA
PRIVATE HOSPITAL

Inpatient Referral

HOSPITAL ADMINISTRATION SECTION ONLY			
Note: Use label of referring organisation if possible			
Date of referral:	Date ready for transfer:		
Name:	Title: ☐ Ms ☐ Mrs ☐ Mr ☐ Dr		
Address:			
Phone number (home):	Mobile:		
Email:	DOB:	Age:	Sex:
Country of birth:	Language:		
Interpreter required: ☐ Yes ☐ No	Aboriginal / Torres Strait Islander: ☐ Yes ☐ No		
Person to notify:			
Relationship:	Phone number:		
Address:			
General Practitioner:	Phone number:		
Address:			

Health Fund Details

Fund:	Policy number:
Pension number:	Expiry:
Medicare number:	Expiry:

Patient Details

Surgery:	Date:
Medical details:	
Pre-existing conditions:	
Weight:	Height:
Allergies/adverse drug reactions:	

Continued next page

Isolation requirements:	☐ Yes ☐ No If yes, details:
Infection status:	☐ None known ☐ Confirmed (document in patient details section) ☐ Date treatment completed ____ /____ /____
Falls risk:	☐ High ☐ Medium ☐ Low Fall this admission? ☐ Yes ☐ No
Pressure injury risk:	☐ High ☐ Medium ☐ Low Pressure injuries present: ☐ Yes ☐ No
	If yes, stage: Location:
Social situation:	☐ Lives alone ☐ Carer ☐ Hostel ☐ Nursing home ☐ Other
Cognition:	☐ Alert ☐ Confusion ☐ Short term memory loss ☐ Depression ☐ Delirium
Communication:	☐ Normal ☐ Expression impaired ☐ Reception impaired ☐ Hearing impaired
Swallow:	☐ Normal ☐ Impaired
Diet:	☐ Regular ☐ Easy to chew ☐ Soft & bite sized ☐ Minced & moist ☐ Pureed ☐ Diabetic ☐ Other
Fluids:	☐ Normal ☐ Mildly thick ☐ Moderately thick ☐ Extremely thick

Level of Dependence

	2 persons	1 person	Supervise/setup	Independent	Equipment/aid
Transfers					
Toileting					
Showering					
Dressing					
Mobility/weight bearing status					
Eating					
Continence	☐ Continent ☐ Incontinent: ☐ Urinary ☐ Faecal ☐ Pads ☐ Day ☐ Night				
	☐ IDC & date inserted				

Please send to Patient Flow & Bed Manager
Fax: (07) 3028 9665
For further information please phone 07 3717 5577 or 0417 784 916
Email: patient.flow@ozcare.org.au