

Hospital in the Home Unit Referral Checklist

Fax to HHU on 9426 6856

Patient's name: _____ DOB: _____

Address: _____

Health Fund: _____

Hospital: _____ Ward: _____ Room: _____ Contact Phone: _____

Diagnosis: _____

Procedure: _____

Past History: _____

Medication Treatment: _____

Length of Treatment: _____ PICC: Yes No

Referring Specialist: _____

Other mobility/social limitations/Care needs with ADL's: _____

Planned date for transfer home and to HHU: _____

Appointments already arranged: _____

**ATTACH Drug chart to referral.

Enquiries during business hours to HHU Phone No: 0407 530 954

Following the receipt of this referral, a HHU Doctor will review the patient prior to accepting the patient. This is usually done within 24hrs of receipt of referral.

*As at Oct 2013, BUPA insured patients can only access HHU care via Epworth Emergency Department or Epworth inpatient wards.

*NIB insured patients are not covered for HHU.