

**Referrer:** Please complete this form and send it to RDNS by fax (1300 65 72 65) or post (Level 2, 1155 Toorak Road, HARTWELL VIC 3124).  
**Referrals from hospitals:** Please give this form to your RDNS Liaison nurse if available (if you fax it, please send the original with client/family).  
**Referrers only:** To re-order, email your address and contact details to [purchasing@rdns.com.au](mailto:purchasing@rdns.com.au)

**CLIENT DETAILS:** (Attach adhesive label if appropriate)

**Name:** \_\_\_\_\_ **RDNS UR:** \_\_\_\_\_  
(Given name) (Family name) (if known)

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Next of kin/contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Interpreter required:**  No  Yes: \_\_\_\_\_ **Language spoken at home:** \_\_\_\_\_

**Diagnoses:** \_\_\_\_\_

**Relevant past history:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Pension/DVA number:** \_\_\_\_\_ (if applicable)

**Client is aware of referral:**  Yes  No

**GP details:** **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**IF NOT REFERRER** **Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**REFERRER DETAILS:** (Complete as appropriate)

Note: It is RDNS' practice to send GPs a brief letter notifying you of the client's primary nurse and the outcome of our initial assessment.

The information has been faxed/phoned:  Yes  No

**Hospital / clinic:** \_\_\_\_\_ **Ward / unit:** \_\_\_\_\_

**Referrer name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_


**Planned discharge date:** \_\_\_\_\_ **Requested first visit date:** \_\_\_\_\_

**GP/hospital DVA provider no:** (This is NOT the client's VX number) \_\_\_\_\_

**Days you usually visit the client** (Community referrers): \_\_\_\_\_

**RDNS SERVICES/CARE REQUESTED:** (Tick as many as required)

<input type="checkbox"/> Nursing assessment	<input type="checkbox"/> Stomal therapy	<input type="checkbox"/> IV therapy <sup>△</sup>	<input type="checkbox"/> HIV/AIDS management
<input type="checkbox"/> Continence management	<input type="checkbox"/> Personal care	<input type="checkbox"/> Bowel management <sup>△</sup>	<input type="checkbox"/> Diabetes management <sup>△</sup>
<input type="checkbox"/> Urinary catheter management <sup>△</sup>	<input type="checkbox"/> Aged care	<input type="checkbox"/> Medication management <sup>△</sup>	<input type="checkbox"/> Palliative nursing care
<input type="checkbox"/> General nursing management	<input type="checkbox"/> Technical care <sup>△</sup>	<input type="checkbox"/> Pain management	<input type="checkbox"/> Wound management
<input type="checkbox"/> Other: specify: _____			

**Additional information:**  If you have requested an invasive procedure (eg. IV therapy, catheter management, wound care), please include or attach **medical authorisation** with specific details (eg. type and size catheter, specific wound regime). (Please include information about infections (eg. MRSA/VRE).

Required equipment has been provided.

I have included/attached medical authorisation.

Name: \_\_\_\_\_ UR: \_\_\_\_\_

**MEDICAL AUTHORITY TO ADMINISTER MEDICINES:** (Please print)

Medicine (Generic name where possible)	Dose	Strength	Frequency	Route

Doctor's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEVANT INFORMATION:**

 Please advise if there is any actual or potential risk to RDNS staff security.

Cognitive status: \_\_\_\_\_  
 Contenance: \_\_\_\_\_  
 Mobility: \_\_\_\_\_  
 Client safety issues: \_\_\_\_\_  
 Carer: \_\_\_\_\_  
 At risk: \_\_\_\_\_  
 Access to home: \_\_\_\_\_  
 Other: \_\_\_\_\_

**REFERRALS ALREADY MADE TO OTHER SERVICES:**

(If RDNS Liaison nurse involved, no need to complete this section – will be written on Assessment-general.)

**Local government:**  Home Help  Respite  Personal care  
 Home maintenance  Other: \_\_\_\_\_

**Allied/Community Health:**  Community Health Nurse  Occupational Therapist  Physiotherapist  
 Social Worker  Other: \_\_\_\_\_

**ACAS** (Give details): \_\_\_\_\_  
**MAPS/PGAT** (Give details): \_\_\_\_\_  
**Day centre** (Give details): \_\_\_\_\_  
**P.A.C:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**REFERRER:**

\_\_\_\_\_  
 (Signature) (Name-please print) (Date)