

Alfred Sandringham Caulfield

REFERRAL TO FAIRFIELD CENTRE

- All referrals for sub-acute care will be triaged by Fairfield Centre HIV Service Mon - Fri
- Triage responses may include: inpatient admission acute / sub-acute, ambulatory response, referral to specialist service
- A plan of care will be developed prior to admission to Fairfield Centre
- Acute queries: HIV Registrar on call 9076 2000 24 hours
- Non-acute queries: Fairfield Centre Nurse Manager 9076 7544 08:00am - 04:30pm Mon-Fri

Patient details *mandatory fields

Last name*		First name/s*	
Date of birth*	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Telephone
Address		Email	
Medicare No	Reference No	Expiry	NDIS
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> Private <input type="checkbox"/> TAC <input type="checkbox"/> WorkCover <input type="checkbox"/> Pensioner <input type="checkbox"/> DVA <input type="checkbox"/> Other			
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language	
Indigenous status	<input type="checkbox"/> Not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Aboriginal and Torres Strait Islander
	<input type="checkbox"/> Torres Strait Islander not Aboriginal		<input type="checkbox"/> Prefer not to answer
	<input type="checkbox"/> Aboriginal not Torres Strait Islander		<input type="checkbox"/> Not specified
Cultural considerations / support needs			
Contact Person	Name		Telephone
	Relationship		
Patient location	<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other		
Health issues to be addressed / reason admission sought			
Relevant history, include drug and alcohol, mental health			
Outcomes requested			
Referrer details		Date of referral	Provider No
Referrers name		Address	
Telephone		Fax	
Email		Copies to	

Return referral to: Fax **9076 8828** or email fairfieldcentre@alfred.org.au

