

Footscray Hospital

Sunshine Hospital

Please note: Patients who are haemodynamically compromised or have active uncontrolled bleeding or have a Hb <70g/L and significant symptoms cannot be referred to MADU.

REFERRING MEDICAL OFFICER DETAILS	CLIENT DETAILS: (or affix patient ID label)
<p>GPs (Dr stamp may be used)</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Provider No:</p> <p>Email:</p> <p>Signature:</p>	<p>Name:</p> <p>DOB:/...../..... Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Address:</p> <p>.....</p> <p>Phone:</p> <p>Medicare No:</p> <p>Known Allergies.....</p>
REFERRAL DETAILS	
<p>Date of referral:/...../.....</p> <p>Previous treatment in MADU? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Western Health UR:</p> <p>Is the patient currently under the care of a Western Health Speciality Unit: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes which Unit:</p>	<p>Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes: which language?</p> <p>Will patient be arriving by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can the person sit in a chair for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the person require assistance with ADL's? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, will a carer be present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

CLINICAL INFORMATION

Relevant past medical history and known cause of anaemia (required for red cell transfusion)

Clinical indication for transfusion (signs and symptoms)

Patient haemoglobin **Date of test:** :/...../..... ****Please attach recent pathology results**

Current medications:

Has an **A4 Dorevitch Pathology blood product request form been printed** from the WH GP Liaison website and the patient's WH UR number documented on the request form and this request form been given to the patient? Yes No

Note: 1. Request form on the WH GP Liaison website **must be used** to ensure the patient's crossmatch sample is sent to the Western Health blood bank not the main lab at Heidelberg. Crossmatch **cannot be performed** without UR number and sample.

Note: 2. Crossmatch **must be** done by Dorevitch Pathology - no other pathology service can be accepted

MADU NURSING/MEDICAL STAFF USE Date...../...../..... Referral accepted Yes No

Referral not accepted: Incomplete Inappropriate Other:.....

GP notified referral not accepted Yes No Referral form returned to GP Yes No Date...../...../.....