## **REFERRAL to COMPANION HOUSE MEDICAL SERVICE**

## **Tel. (02) 6251 4550; Fax. (02) 6251 8550**

## **Please Fax or send by mail to PO Box 112 Jamison Centre ACT 2614**

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**Referral Source: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and/or organisation)**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Case Coordinator: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable)

Contact numbers: Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Very Important*** → Consent is essential for all Companion House services.
Is there client consent for Companion House to contact client? YES / NO

Can client be contacted directly? YES / NO

**CLIENT INFORMATION**:

Title: Mr / Mrs /Ms

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender (circle) M F X

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Language/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter Required: YES / NO (M / F)

Single arrival or with family? Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ *Tick box if client does not have a phone*

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to phone: AM /PM

Arrival date in Australia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify if another person needs to be contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer Language/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter Required: YES / NO (M / F)

**Migration Details (If known):**

Visa Sub-Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR** Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Arrival/ Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANION HOUSE MEDICAL SERVICE – Information for Referrals**

When clients arrive in Canberra, they can be referred to Companion House for medical services. Our clinic aims to be a transitional service, providing healthcare to new arrivals during their first year in Canberra. There is high demand for these services and it is therefore best to provide as much health information as possible. The Companion House GPs and nurse can then best determine how quickly an appointment at Companion House and/or other health providers should be scheduled.

Reason for Referral:

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If the medical issue is an **emergency** please refer or take the client directly to one of the **Emergency Departments – Canberra Hospital or Calvary Hospital**. You can make a referral to Companion House after the emergency matters has been resolved.

If you believe that the medical condition requires an immediate appointment at Companion House but does not require attendance at the hospital emergency department, please ring 6251 4550 and we will do our best to make an appointment on the same or next working day..

Based on the information provided in this referral, Companion House will prioritise appointments as follows::

1. Next available appointment for high priority medical concerns
2. Within 2 weeks for non urgent medical matters
3. Within 4 weeks of receipt of referral for all other matters requiring an appointment with a medical service provider.

Companion House Medical Coordinator will provide you and the client with appointment details in advance so that the client can be assisted by you/your agency to attend, if that is appropriate.

**Please ensure that the client knows to bring all relevant information that they have to their appointment:**

**□ Health Manifest**

**□ Previous medical history notes, including immunisation records**

**□ Current medications**

**□ Medicare card (if eligible)**