

## HANDOVER FORM

### ATTACH PATIENT LABEL

Peter Mac URN:

Name:

Address:

DOB:

Gender: M / F

Please complete this form for handover (1) fax to 03 96561868 and (2) send a copy with the patient

### PATIENT REGISTRATION DETAILS (OR ATTACH PATIENT DATA SHEET)

Preferred Language		Interpreter Required	Yes / No
Next of Kin		Indigenous Status	Yes / No
Guardian	Yes / No	Name Phone	
Medicare Number	Expiry Date	Pension Number	
DVA Number	Expiry Date	Entitlement Number	
Private Insurance	Yes / No	Health Fund	
GP Name		GP Phone/Fax	
<b>Resuscitation Status</b>			
<b>Allergies</b>			

Patient should be advised to bring evidence of these details if registration is required

### REFERRING FACILITY DETAILS

Hospital/Facility Name		Current Location Eg. Ward name	
Name & Title of Person Completing Form			
Phone Number of Key Contact		Pager	
Treating Team	Name of Medical Officer	Contact Detail: pager / phone	

### TREATING TEAM ACCEPTING THE PATIENT AT PETER MAC

Position	Name	Clinical Stream / Unit
Treating Doctor		

### INPATIENT ADMISSION / DAY ATTENDANCE (CIRCLE)

<b>Date of Transfer</b>	
<b>Reason for Transfer</b>	
<b>Patient Intended Location (Peter Mac)</b>	Ward / Specialist Clinic / Day Surg / Radiotherapy / Diagnostic Imaging / Apheresis / Medical Day Unit / Chemo Day Unit / Other
<b>Escort* provided:</b> <input type="checkbox"/> YES <input type="checkbox"/> <b>NO</b>	A Nurse escort is required for any patient that is confused, unconscious, and medically unstable or has IV therapy. A nurse escort or a family member should attend all specialist clinic appointments.

**DOCUMENTATION REQUIRED (MANDATORY#)**

- Copy of inpatient medical record for last 24 hours#
- Copy of Medication / IV chart including date and time of last dose#
- Copy of observation chart / pain score#
- Copies of relevant diagnostic and/or pathology results

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**MEDICAL/SURGICAL HISTORY**

Please send photocopy of relevant patient history

**PATIENT ASSESSMENT****Conscious State:**

- Alert       Confused\*       Unconscious\*       Varies confused & alert\*
- Provide details: \_\_\_\_\_ Nurse Escort Required\*

**Self Care:**

- Independent Care       Minimal Assistance with Care
- Moderate Assistance with Care       Full Assistance / Dependent

**Dietary****Requirements:**

- Assistance with Meals       Diet type (if special) \_\_\_\_\_

**Intake:***(Attach feeding Regime)*

- Oral       IV/SC       PEG       Nasogastric       Dysphagia
- Last Intake: \_\_\_\_\_

Consistency of Food:  Normal       Soft       Vitamised

Consistency of Fluids: \_\_\_\_\_

**Mobility:**

- Walk       Chair/SOOB       Bed bound
- Aids Required (specify) \_\_\_\_\_
- Supervision Required

**Falls Risk Score / History:** \_\_\_\_\_**Contenance:**Bladder:  Continent       Incontinent       Catheter: Permanent / TemporaryBowels:  Continent       Incontinent      Aids / Assistance: \_\_\_\_\_

Last Opened: \_\_\_\_\_ Requires Prompting: Yes / No      Commode By Bedside: Yes / No

**Sensory Status:**

- Visual Impairment       Glasses       Hearing Impairment       Hearing

**Skin Integrity:**

- Existing Skin Breaks      Skin / Pressure Care: \_\_\_\_\_
- Dressings / Special Treatment: \_\_\_\_\_

**INFECTION STATUS**

VRE		MRSA	
C-Diff		Other	

Haematology patients intended for an inpatient ward should be pre-swabbed for VRE & result reported  
 Note if screened or known to have any of the above infections