



Referral form

Residential Care Line (RCL) is a nurse practitioner-led service providing clinical advice and technical support for staff working in Residential Aged Care Facilities.

If clinically concerned about a resident, please phone Residential Care Line directly on 6457 3146.

Please complete this form to assist with triage of referral.

NOTE: The person referring must have assessed the clinical problem.

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| Identification (3 point ID required) | 1. Facility: | Nurse's name: | Contact number: |
| | 2. Resident's name: | | 3. Resident's date of birth: |
| | Clinical manager's name: | | Clinical manager aware of referral?: YES / NO |
| | GP's name: | | GP aware of referral: YES / NO |
| Situation eg: clinical issue such as wounds; TOV; PEG tube; falls; bowel management; chronic complex health care | | | |
| Background eg: onset of issue, current WMP; related medical history +/- allergies; prior RCL involvement +/- plan; other services involved | | | |
| Assessment eg: wound size; IDC size/type; pathology results | | | |
| Review eg: what advice and clinical support do you need? | | | |

