



Nurse Navigator Service Referral

Facility:

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

REASON FOR REFERRAL CRITERIA Please fax referral to:

Chronicity

>6 months 3 or more chronic conditions

Complexity – in the last 12 months the patient has ...

- Required skilled care in all locations (home, school, work)
- Had 2 or more inpatient admissions LOS >10 days (unplanned)
- Had ≥10 outpatient contacts with HHS
- Had ≥6 Emergency Department presentations
- Had ≥10 outpatient contacts with PHNs
- Had ≥5 inpatient admissions (planned or unplanned)
- Had ≥2 readmissions within 28 days of discharge

Fragility

- Severe life threatening disease
- Equipment failure resulting in immediate risk
- Discharged against medical advice
- Risk of life threatening deterioration
- Risk of multiple FTAs to Specialist OPD

Fragility increased by:

- Geographical isolation
- Social complexity of significance
- Aged ≥65 yrs
- >50 for identifying A&TSI
- Culturally and linguistically diverse
- Child protection concerns
- Lower Literacy
- Lives alone
- Poor coping skills
- Low Health Literacy

Comments:

Intensity of Care

- Prolonged IV medication administration
- Dependence on medical aids e.g. O₂, suction, PEG, Parenteral Nutrition, non-invasive ventilation
- Partial or full dependence on carers for all ADLs
- Complexity requires increased daily nursing cares e.g. catherisations, multiple medications
- Pre and post operative high intensity of care

MARITAL STATUS

Single Partnered Married Separated Divorced Widowed

ETHNICITY

Are you of Aboriginal or Torres Strait Islander origin? Yes No
 Were you born in a country other than Australia? Yes – which country: _____
 Do you speak / understand English? Yes No
 Interpreter required? Yes No Which language?

FAMILY DETAILS

Legal Guardian / Next of Kin / EPOA: Parents Other:

Name: _____ Relationship: _____

Address: _____

Email _____ Phone: _____

CLINICAL INFORMATION FOR REFERRAL

Medical diagnosis:

Pregnant? Yes No

The main purpose of the referral is for the patient to receive:

- Coordinated appointments
- Linkage to appropriate services
- Other (specify): _____
- Health coaching
- Case coordination
- Improving health literacy
- Establish regular review of patient goals

DO NOT WRITE IN THIS BINDING MARGIN

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NURSE NAVIGATOR SERVICE REFERRAL

