Adult Hospital in the Home Referral Form

Referrals will be processed 7 days a week between 8.30am and 5pm. Referrals should be discussed with the HiTH intake officer (Weekdays) and Nurse in charge (weekends) before they will be accepted.

Pati	ent R	eferral Information			
	D	ate of referral:	Patient Details: affix patient sticker here UMRN: DOB:		
Anticipated discharge date (Inpatients only):			Name: Address: Phone:		
Gender:					
	nary I	anguage and communication ents:	Next of Kin/Guardian/Support person Details: Name:		
☐ Ir	nterpre	eter required	Phone:		
Refe Nam		discussed with HITH? Yes No	Relationship:		
Adult HITH Admission Requirements					
Υ	N	Person has been assessed by doctor in the last 72 hours: Date:			
Υ	N	Meets admission criteria			
Υ	N	Consents to admission and daily participation with HITH			
Υ	N	Patient has a mental health condition with an acute deterioration			
Υ	N	Resides in NMHS catchment area			
Υ	N	Accommodation stable for next 14 days			
Υ	N	Home environment suitable and safe for mental health care to be provided in the home			
Υ	N	Risk of violence, aggression or self-harm can be managed in a community setting			
Υ	N	Physical health co-morbidities stable or have plans in place			
Υ	N	For co-morbid eating disorder patient, admission	nas a GP/DIETICIAN appointment been made during their		

Referral Details				
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Presenting problems requiring admission: (summarise main points nclude ICD-10 diagnosis if available)	including allied health needs and			

Purpose of HITH referral and desired outco member/carer perspectives)	omes for admission: (Can include consumer and family
Details of other services involved or referra	als made: (e.g. Community Clinic, GP, NGOs)
Medical history: (include allergies, current tre	eatments and any physical health requirements)
Current medications:	
Current medications.	
Provided Paperwork: please provide with refe	erral or tick if available
• • • •	ortal of took if a validatio
Not available on PSOLIS: please provide sca	anned copies with referral of appropriate documents
	anned copies with referral of appropriate documents Copies of last medical review from clinical notes
☐ Mental health assessment	☐ Copies of last medical review from clinical notes
 ☐ Mental health assessment ☐ Community visiting risk assessment tool ☐ Recent MSE 	 □ Copies of last medical review from clinical notes □ Care transfer summary
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 ☐ Mental health assessment ☐ Community visiting risk assessment tool ☐ Recent MSE Available on PSOLIS, Best Practice or NAC 	 □ Copies of last medical review from clinical notes □ Care transfer summary □ Recent physical health examination cs: please tick those which apply but do not send
 ☐ Mental health assessment ☐ Community visiting risk assessment tool ☐ Recent MSE Available on PSOLIS, Best Practice or NAC ☐ BRA/RAMP 	 □ Copies of last medical review from clinical notes □ Care transfer summary □ Recent physical health examination Es: please tick those which apply but do not send □ Discharge summary
 □ Mental health assessment □ Community visiting risk assessment tool □ Recent MSE Available on PSOLIS, Best Practice or NAC □ BRA/RAMP □ Current care plan 	 □ Copies of last medical review from clinical notes □ Care transfer summary □ Recent physical health examination S: please tick those which apply but do not send □ Discharge summary □ Medication list
 □ Mental health assessment □ Community visiting risk assessment tool □ Recent MSE Available on PSOLIS, Best Practice or NAC □ BRA/RAMP □ Current care plan □ Collaborative action plan 	 □ Copies of last medical review from clinical notes □ Care transfer summary □ Recent physical health examination S: please tick those which apply but do not send □ Discharge summary □ Medication list
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