



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.

Identification (3 point ID required)	Facility:	Nurse's name:	Contact number:
	Resident's name:	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	
	GP's number:	ACP / AHD / GoC: ☐ 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?			

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Endorsed: Nurse Practitioner RCL
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