

## SAFER LIVES MOBILE SERVICE: Hospital discharge/visit

### Referral Hospital Details

Name of Referral Person and Position \_\_\_\_\_

Name of Referral Hospital Unit/ Department (please attach hospital discharge summary)

Is a hospital visit for assessment and support required Yes No

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Referral \_\_\_/\_\_\_/\_\_\_ Time of Referral \_\_\_\_\_am \_\_\_\_\_pm

### Details of Person Being Referred

Name of Person \_\_\_\_\_

Hospital UR Number \_\_\_\_\_

Anticipated Date of Discharge \_\_\_\_\_

Address at Discharge \_\_\_\_\_

Phone (if applicable) \_\_\_\_\_ Is it safe to call or text: Yes No

DOB \_\_\_/\_\_\_/\_\_\_ Gender M F

Medicare Number (if known) \_\_\_\_\_

**Consent** Has the person you are referring consented to the referral? Yes No

**Current situation Risk Factors/Alerts** (Violence, suicide, animals, access to weapons, lethal drugs etc.)

**Housing situation**

Is the person currently homeless? Yes No

Does the person require accommodation? Yes No

Does the person currently live with the person using violence? Yes No

**Need for Community Services**

Can the person return to their housing/accommodation but requires services? Yes No

Are the Police currently involved? Yes No Unknown

What support does the person require from community services to return home?

Does the person currently have community services and/or health supports in place? Yes No

If yes—please briefly list \_\_\_\_\_

Does the person require community services to be discharged? Yes No

Has transport been arranged to get the person to their post-discharge housing or accommodation? Yes No

**Need for Healthcare**

Does the person require access to ongoing medical treatment? Yes No

Does the person require assistance to manage their health care needs in the community? Yes No

Does the person require a visit prior to discharge to prevent re-admission or to reduce length of stay in hospital? Yes No

\*EMAIL FORM TO - [saferlives@micahprojects.org.au](mailto:saferlives@micahprojects.org.au)

**NB: Please attach Hospital Discharge summary to ensure safe discharge & follow up care**