Referral: Homefront Princess Alexandra Hospital

 **The Homefront Princess Alexandra Hospital (PAH) program** is a collaboration between Micah Projects, PAH, and primary healthcare providers. Homefront PAH is a multidisciplinary team providing clinical and non-clinical support to people experiencing or at risk of homelessness who have significant health concerns.

**Important!**
Complete this referral electronically and email to homefrontPAH@micahprojects.org.au Please email accompanying attachments (see end of form).

## Personal details **of person being referred**

|  |  |
| --- | --- |
| Name  |   |
| D.O.B  |       /       /       | Gender | [ ]  Male [ ]  Female [ ]  Other |
| Address |   |

## Referrer details

|  |
| --- |
| Referral made on       /       /       |
| Referrer name and position |   |
| Referrer contact details |   |

## Living situation **of person being referred**

|  |  |
| --- | --- |
| Homeless | [ ]  Sleeping rough on the streets or in a car**If yes**, where is the best place to find them, and when?  |
| At risk of homelessness | [ ]  Temporary accommodation / boarding house[ ]  DV shelter / refuge |
| Housed | [ ]  Public housing [ ]  Community housing[ ]  Private rental [ ]  Own home |

## Health data **of person being referred**

|  |  |
| --- | --- |
| Medicare Number  |   |
| Presenting complaint/ diagnosis |  |
| Allergies |   |
| Medical History |  |
| Mental Health / Alcohol and Other Drugs History? | [ ]  Yes [ ]  No**If yes**, please detail: |
| Mental Health / Alcohol and Other Drugs Case Manager? | [ ]  Yes [ ]  No**If yes**, name and contact number:  |
| Chronicity | [ ]  > 6 months [ ]  3+ conditions/diagnosis  |
| Complexity | [ ]  Multiple medications [ ]  Cross-location care[ ]  >10 OPD pa [ ]  Prolonged multiple admissions |
| Frequency of ED Presentations | [ ]  1st [ ]  <2 [ ]  3 or 4 [ ]  >5 |
| Fragility | [ ]  Severe [ ]  S/T change [ ]  Suicide risk [ ]  Multi FTA/DNA [ ]  Social Issues |
| Medications list attached | [ ]  Yes [ ]  No |
| Medication access issue | [ ]  Yes [ ]  No |
| Medication compliance issue | [ ]  Yes [ ]  No |
| Known risks / risk factors | [ ]  Violence [ ]  Suicide [ ]  Other crime [ ]  Domestic violence [ ]  Drug use |

## Follow-up by Homefront PAH

|  |
| --- |
| Homefront PAH team follow-up actions |
| Does the person being referred have a contact number? | [ ]  Yes [ ]  No**If yes**, contact number: **If no**, but there is a contact person, please provide their name and contact number: |
| In care of Adult Guardian / Public Trustee? | [ ]  Yes [ ]  No**If yes**, name and contact number: |
| Support agency in place? | [ ]  Yes [ ]  No**If yes**, provider name and go to next question. **If no**, skip next question. |
| Good engagement with support agency? | [ ]  Yes [ ]  No |
| Regular GP? | [ ]  Yes [ ]  No**If yes**, practice name and contact number: |
| Specialist #1 | [ ]  Yes [ ]  ­No**If yes**, practice name and contact number: |
| Specialist #2 | [ ]  Yes [ ]  No**If yes**, practice name and contact number: |

## Brief Social History

|  |
| --- |
|  |

## Referral Details

|  |  |
| --- | --- |
| Reason for Referral (either or both)  | [ ]  Inclusive Health GP [ ]  Homefront PAH outreach care and clinical support  |
| Attachments | [ ]  Patient consent [ ]  ED discharge[ ]  ED management/care plan[ ]  Other  |

Please email your referral and attachments to: homefrontPAH@micahprojects.org.au