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](mailto:homefrontmater@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

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| --- |
|  |

## 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](mailto:homefrontPAH@micahprojects.org.au)