

### Referral Form to Community Services

<b>1. Personal information:</b>		Folder no:	Primary caregiver: <i>(name &amp; relationship)</i>
First name:		Occupation:	Address:
Surname:	Gender:	Tel. no:	
i   d   e   n   t   i   t   y     n   o   .	DOB: <i>(dd/mm/yyyy)</i>	Home language:	
<b>2. Admission date or seen on:</b> <i>(dd/mm/yyyy)</i>			
Referring health facility/ hospital & ward:			Discharge date: <i>(dd/mm/yyyy)</i>
Referring health worker & contact number:		Signature:	
Referral date: <i>(dd/mm/yyyy)</i>		Follow-up date: <i>(dd/mm/yyyy)</i>	Client seen by: <i>(name &amp; designation)</i>
<b>3. Diagnosis &amp;/or relevant special investigation results:</b>		<b>4. Allergies:</b>	
<b>5. Reason for referral &amp; treatment plan:</b>		<b>6. Medication/ medical supplies/ assistive devices:</b>	
<b>10. Consent of client/ guardian:</b>	<p>.....</p> <p style="text-align: center;"><b>Print</b></p> <p>.....</p> <p style="text-align: center;"><b>Signature</b></p>		

**Any information that is not required for this referral please leave blank**

<b>7. Community services required:</b> tick adult / child		<b>Adult/ adolescent</b>		<b>8. Referral notes to community service providers:</b>
		<b>Child under 5 years</b>		<b>Any concerns:</b>
<b>Interventions √ (tick appropriate box)</b>				For example, access, infection control, safety & security, etc.
<b>Promotion</b>		<b>Prevention</b>		If yes, please provide details below.
<b>Treatment</b>				<b>Other interventions:</b>
Pregnancy care: ANC		Pregnancy care: Delivery plans/ danger signs Newborn care/ KMC		Diabetes, HPT, TB, HIV, Diarrhea, Pneumonia, Other
Healthy lifestyle / chronic disease managment Screening		Screening TB, Developmental delay		Nutritional support Growth faltering/ low birth weight PEG/NGT/ NTP
Psychosocial support Adherence support / treatment literacy Support Club/ Social Groups Spiritual support		Wellness care (preventative care) Oral Health Post acute care Rehabilitative care		Supported self-care/ - management for long term condition(s) Continence care Pressure care Wound care Tracheostomy care
Contraception Education/Choices /VMMC		Immunisations Vitamin A Deworming		Palliative / End-of-life care <sup>1</sup>

<sup>1</sup> Client is likely to die within the next 12 months