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				UR No:				
Mercy Health Care first Mercy Health			Family	y Name:				
-		Given Name						
WMH MEDICAL DAY STAY WAITLIST FORM		DOB:			Sex:			
		Address:						
		(If no UR) COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL						
Interpreter required: Yes ☐ No ☐				Primary Carer:				
Language spoken:				Contact No.:				
Medicare No.:				Contact No. (H):				
Prefix No.:								
Referring Dr:				Provider No.:				
GP Name:	Clinic:			Col	Contact No.:			
Has the patient previously attended WMH? Yes \(\square\) No \(\square\)	If Yes – Was the patient registered under the same name? Yes 🗌 No 🗌 Previous name:							
Category 1 (Urgent) Admission desirable for a condition that h the potential to become life threatening or emergency.	l some hain dystrinction			r a condition causing a condit of the following of the fo		egory 3 (Non Urgent) sion at some time in the future for ition causing minimal or no pain, ction or disability, which is unlikely to rate quickly and which does not have ential to become an emergency.		
Referrals for iron infusion				months) pathologals will be return		Its (FBE and Fe stu	dies).	
Allergies:								
Principal Diagnosis:								
Ambulation Status: (eg ambulant, wh	neelchair boun	d, assist t	ransfers)					
Relevant Past History:								
Proposed procedure or treatme	ent requir	ed:						
Blood product: Specify		IVIg:	ify			acath flush C line dressing		
Iron infusion		Inflixi	mab		Trial	of Void		
Venesection and hydration		Tysa	bri		CGN	MS		
Chemotherapy		Othe	Other: (specify)					
Vedolizumab		Dose	ose: Frequency:					
Signed:								
Admission Type: Private DVA □ Overseas visitor □ Defence □								
For long term/ongoing referrals, please ensure a new referral is sent every 12 months with any changes or updates to medical history.								
Please send completed referral with required pathology results and health summary to:								

Medical Day Stay Werribee Mercy Hospital 300 Princes Hwy Werribee, 3030 Fax: 8754 3535

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Date placed on Waiting List: Date referral received:

Scheduled admission date:

NO WRITING Page 1 of 1 WMH MEDICAL DAY STAY WAITLIST FORM AD 0160