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| Werribee Mercy Hospital  COVID 19 Referral Form |  | **Referral Date:** |

COVID -19 Program contact details

**Fax number for all referrals: 8754 3339 Enquiries ph: 8754 6298**

Service Requested

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| COVID-Positive Home Monitoring Program: □  Sotrovimab Monoclonal Antibody Infusion Clinic: □ |

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| Patient Details | |
| Last/Family name: | First name: |
| Previous last name: | Sex: Choose an item. |
| Date of birth: | ATSI status: Choose an item. |
| Address: | Home telephone No.: |
| Suburb: | Mobile number: |
| Postcode: | Email: |
| NOK/Carer: | Preferred contact method: |
| NOK relationship: | Medicare no.: |
| NOK contact no.: | Pensioner/Concession/Health/DVA No.: |
| Interpreter required:  Yes  No Specify language: | |
| Previous Mercy patient:  Yes  No | Mercy UR Number (if known): |
| The patient has agreed to the referral and the sharing of their personal and health information with the health service  Yes  No | |

Referring Doctor Details

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| Referring Doctor: |  | | Provider number: | |  |
| Practice Name: |  | | | | |
| Practice Address: |  | | | | |
| Suburb: |  | | | | |
| Postcode: |  | | Phone No: |  | |
| Email: |  | | Fax: |  | |
| Preferred method of communication: | |  | | | |

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| **Patient’s usual GP** (if not the same as referring doctor) | | | |
| Name: |  | Clinic: |  |

Clinical information

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| Allergies: COVID-19 Vaccination Status: |
| Height (cm): Weight (kg): BMI: |
| Date of symptom onset: Date of COVID-19 Test: |

Current medication

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| Drug name | Ltd. elapse | Strength | Dose / frequency / special |
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Past medical history

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Relevant social history

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Planned location of administration: Werribee Mercy – COVID-19 Infusion Clinic

**ACCESS CRITERIA (tick each criteria that applies to confirm the access criteria has been met) VACCINATION**

**STATUS (must meet one):**

* Unvaccinated OR
* Partially vaccinated OR
* Immunosuppressed regardless of vaccine status (please select which apply below)
  + Primary or acquired immunodeficiency
  + Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
  + Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
  + Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency
  + Other significantly immunocompromising conditions. Specify
  + Immunosuppressive therapy (current or recent) examples include:  
    Chemotherapy or radiotherapy

High-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days

All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

**MUST MEET ALL (Age ≥ 18 years, or aged ≥12 and <18 years of age and weighing ≥40kg):**

* Confirmed SARS-CoV2
* No oxygen requirements

**SYMPTOM ONSET AND DRUG INFORMATION (must meet one)**

Date of symptom onset:

* Day 0-5 from symptom onset: Sotrovimab 500mg IV
* Day 6-7 from symptom onset: Ronapreve® 1200mg (600mg of both casirivimab and imdevimab)
  + S/C (4x2.5ml injection)
  + IV

**MUST MEET ONE OR MORE BELOW (Unless immunosuppressed regardless of vaccine status):**

* Diabetes mellitus treated with medication (Type 1 or 2)
* Obesity (BMI > 30 kg/m2 or for paediatric patients BMI >95th centile for age)
* Chronic kidney disease (i.e. eGFR < 60 by MDRD)
* Cardiovascular disease (including hypertension treated with medication)
* Age ≥ 50 years
* Chronic lung disease (including asthma treated with regular medication)
* Chronic liver disease
* For paediatric patients (≥12 years): Other significant comorbidities including sickle cell disease or Paediatric Complex Chronic Conditions (PCCC): congenital and genetic, cardiovascular, gastrointestinal, malignancies, metabolic, neuromuscular, renal and respiratory conditions

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| Doctor’s signature: |  | Date: |  |

**IMPORTANT NOTICE – PRIVILEGED AND CONFIDENTIAL MESSAGE**

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This form constitutes a valid referral to Werribee Mercy Hospital provided all requested details are complete.

# References

1. <https://www.clinicalguidelines.gov.au/portal/2604/australian-guidelines-clinical-care-people-covid-19>