

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

COVID-Positive Home Monitoring Program:

Remdesivir Infusion:

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: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify language:	
Previous Mercy patient: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referring Doctor Details

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

Patient's usual GP (if not the same as referring doctor)

Name:	Clinic:
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Clinical information

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

Current medication

Drug name	Ltd. elapse	Strength	Dose / frequency / special

Past medical history

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Relevant social history

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