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|  | **COVID Care in the Community Referral** | Surname: First Name: Address:Phone No(s): DOB: | MRNGender: |
| *Covid Care in the Community is an outpatient service.**Referrals will not be accepted unless the below Referral Form is completed, ensuring your referral meets the eligibility criteria outlined and forward to email* *MNCLHD-CCICReferrals@health.nsw.gov.au.* *with REFERRAL in the subject line.**We will prioritise & triage referrals based on high clinical need that cannot be self-managed or managed by their GP.**If your patient has a SERIOUS Medical CONCERN - Please CALL NSW Ambulance 000, please inform them that they are COVID-19 Positive. If they present to the Emergency by private car, please ensure they wear a mask and inform staff of COVID-19 status. For non-urgent clinical advice and support, care should be managed by the GP in the first instance.**For further advice support is available via** *NSW COVID Care at Home Support Line on 1800 960 933.*
* *Health Direct 1800 022 222.*
* *Mental Health Access Line phone 1800 011 511.*
* [After Hours GP Helpline - Healthy North Coast (hnc.org.au)](https://hnc.org.au/after-hours-gp-helpline/) *Phone 1800 931 158*
 |
| COVID Status |  | Results pending – DO NOT refer until COVID status confirmed |
| Date of test |  | Symptom onset date:  |  |
| COVIDVaccination Status | Vaccination Status:Booster Status:Date of last dose: |  |
| Age – Risk considerations | [ ] Under 1 month[ ] or over 50 if unvaccinated | [ ] Aged over 80 |  | Babies under 1 month are considered High Risk & eligible for referral |
| Cultural | Identifies as [ ] Aboriginal | [ ] Torres Strait Islander |  | If cultural support required: consider pts usual supports/ AMS |
| Has one or more of the following symptoms | [ ] Persistent fever [ ] >39 C Haemoptysis [ ] Dyspnoeic at rest[ ] Chest pain – sustained with dyspnoea [ ] Diarrhoea with less then 50% fluid intake [ ] Persistent Vomiting with less than 50% fluid intake[ ] Fainting or Collapsing | Extra Details: | Proceed with referral if patient meets identified one or more listed risk factors:1. Age Risk Considerations
2. Aged over 50 & unvaccinated with symptoms
3. Symptoms
4. Significant Medical history
5. Social
6. Pregnancy criteria

 If patient does not meet above  DO NOT proceed with referral.Patient to continue on self- managed pathwayorGP Managed Pathway |
| Significant Medical History | * Cardiac (severe heart failure)
* Respiratory

[ ] Severe asthma [ ] COPD [ ] Other[ ] BiPAP [ ] CPAP [ ] Home Oxygen[ ] Poorly controlled diabetes[ ] Chronic Kidney Disease with eGFR less than 45[ ] Cancer (recent chemo/radiotherapy) [ ] Organ transplant [ ] Immunocompromised[ ] Immunodeficiency[ ] > 20mg prednisolone daily[ ] Morbid Obesity[ ] Severe Global Neurological Disability | Details: |
| Pregnant | [ ] Weeks’ Gestation:  | **Pregnancy:** Ensure notification ALSO to MNCLHD ante-natal service of any pregnant persons COVID status: MNCLHD-MCCT@health.nsw.gov.au |
| Social Risk Factors | [ ] Nil Carer / Family to provide supports[ ] Disability without appropriate supports[ ] Cultural Supports  | Outline Request / Details of current services: |
| Referral Requests | * Monoclonal antibody treatment
* Review of very high risk symptomatic patient for monitoring
* Extreme hardship.
 | Details: |
| Medications | List:  | Ongoing / regular medications – GPto attend scripts |
| Referrer Name:Return correspondence details: MANDATORYEmail: | Designation:Phone: |  |

Choose an item.