V: 15/02/2016

RHEUMATIC & MUSCULOSKELETAL DISEASE UNIT (RMDU) REFERRAL FORM

Our Lady's Hospice & Care Services
Rheumatology
Harold's Cross

Fax to: **01-406 8769** & post original to RMDU Admissions Officer, Our Lady's Hospice & Care Services, Harold's Cross, Dublin 6w. OR: scan & email to patientservices@olh.ie

REFERRAL FROM: (tick ✓)	SVUH ❒	Private Rooms ❒	SJH ❒	AMNCH ❒	Other: ❒

Affix addressograph label **Name** **Address** **DOB** **MRN**	MEDICAL CARD: YES/ NO
	PRIVATE INSURANCE: YES/ NO
	HEALTH INSURER: VhI / Aviva / Laya / Garda Med. / Other
	CONTACT LANDLINE:
	CONTACT MOBILE:
	NEXT OF KIN:
PRIMARY RHEUMATOLOGIST:	NOK CONTACT NO:
PRIMARY DIAGNOSIS:	GP:
SECONDARY DIAGNOSIS:	REFERRAL REASON:

GLOBAL HEALTH OVERVIEW
(medical, physical, psychological, social, communication concerns/barriers).
Please attach available supporting documentation

Referral for: (tick ✓)	In-patient ❒	Day-service ❒	To be determined ❒	*Detailed letter required for all **External Referrals** **OR** process may be delayed*
Priority: (tick ✓)	Routine ❒ *(6-8 weeks)*	Urgent ❒ *(1-3 weeks)*	(medically indicated/comment relevant information)	Discharge Planning Concerns ❒
Estimated length of stay (ELOS) **tick** ✓	1 week ❒	2 weeks ❒	ELOS ≥ 3 weeks ❒	(Please comment)

PROGRAMMES OF CARE	(tick ✓)	REQUIRES REFERRAL TO/FOR	(tick ✓)	*Specify as appropriate*
Disease management & re-conditioning		X-ray /Bone scan		
Pain & symptom management		CT/ MRI		
Medication management NEW / REVIEW / IV Rx		DEXA		
Young adult with rheumatic disease (YARD)		Ultrasound		
Pre/Post Joint replacement /reconstruction		ANP / CNS		
Spinal disease rehab: degenerative/ insufficiency fracture		MSW		
ADDITIONAL REQUIREMENTS		Pharmacist		
Pre-biologic screening / biologic switch		Orthopaedics		
Falls risk assessment		Podiatry		
Cognitive assessment		Footwear clinic		
OTHER:				

Mobility status: (tick ✓)	Immobile (0) ❒	Wheelchair dependent (1) ❒	Mobility aid (2) ❒	Independent (3) ❒	
Significant co-morbidities: (tick ✓)	Raised BMI ❒	Requires O2 ❒	Peg Feeding ❒	Impaired cognition ❒	Other: ❒
Infection control concerns: (tick ✓)	HX MRSA ❒	CRE ❒	VRE ❒	C.Diff ❒	Don't Know: ❒

LEVEL 1: Supported self-care: ❒
Collaboratively helping individuals & their carers to develop the knowledge, skills & confidence to care for themselves & their condition effectively; this approach, includes health promotion **(i.e. supported self-managers)**

LEVEL 3: Case management: - ❒
Identifying the most vulnerable people, those with highly complex multiple long-term conditions and using a case management approach to anticipate, co-ordinate and join up health and social care **(i.e. highly complex patient)**.

LEVEL 2: Care management: ❒
Providing people who have a complex single need or multiple conditions with responsive specialist services, using multidisciplinary teams and disease-specific protocols & pathways (i.e. patient at risk of poor outcome)

Please tick ✓ LEVEL of Care Needed!

Score	1	2	3	4	5	6	7	8	9	**For Office Use Only**

PRINT REFERRER'S NAME:_____ **Referrer's sig:** _____ **Date:**_____