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| **Rheumatic & Musculoskeletal Disease Unit (RMDU)**  **Inpatient Service Referral Form** | | | | | | | |  |
| Post original to RMDU Admissions Officer, Our Lady’s Hospice & Care Services, Harold’s Cross, Dublin 6W RY72 **OR** scan & email to: [patientservices@olh.ie](mailto: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 / Irish Life / Laya / Garda Med. / Other** | | |
| **Contact landline:** | | |
| **Contact mobile:** | | |
|  | **Point of Contact:** | | |
| **Primary Rheumatologist:** | | | | | | **P. of contact Mobile no:** | | |
| **Primary Diagnosis:** | | | | | | **GP:** | | |
| **Secondary Diagnosis:** | | | **Referral reason:** | | | | | |
| **Mobility Status:** Immobile (0) ❒ Wheelchair dependent (1) ❒ Mobility aid (2) ❒ Independent (3) ❒ | | | | | | | | |
| **Significant co-morbidities:**  Raised BMI ❒ Requires O2 ❒ Peg Feeding ❒ Impaired cognition ❒ Other: ❒ | | | | | | | | |
| **Infection prevention & Control Alert Organism History : i.e.** MRSA ❒ VRE❒ ESBL❒ CRE/CPE❒ CDiff❒ other\_\_\_\_\_\_  All CRE/CPE patients & CRE/CPE contacts must be isolated to a single room on admission & placed on Contact Precaution for duration of their stay – Contact IPCN | | | | | | | | |
| **Priority:** Routine ❒ Urgent ❒  (6-8 weeks) *(1-3 weeks)* | | | | | | | | |
| **Reason for referral:**  \*\* Detailed letter required for all **External Referrals OR** process may be delayed *\*\** | | | | | | | | |
| **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_