|  |  |
| --- | --- |
| **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 |
| **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_