



**Queensland  
 Government**

**Central Queensland Hospital and Health Service**

**Hospital In The Home  
 Referral and Medical  
 Management Plan**

Facility / Unit: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Phone:

Date of birth:

Sex:  M  F  I

**COMPLETE ALL SECTIONS BELOW and FAX to HITH**

CQHHS HITH Contact Details	Phone	Fax	Email
Rockhampton	4920 7500 / Switch Intake CN 49325383	4920 7029	<a href="mailto:CQHHS_CANAS@health.qld.gov.au">CQHHS_CANAS@health.qld.gov.au</a>
Gladstone	0416 260 731	4976 3199	<a href="mailto:HITH_Gladstone2@health.qld.gov.au">HITH_Gladstone2@health.qld.gov.au</a>
Emerald	4987 9594	4987 9463	<a href="mailto:HITHemerald@health.qld.gov.au">HITHemerald@health.qld.gov.au</a>
Biloela	4992 7000	4992 4857	

REFERRAL SOURCE:  Emergency  Ward  Other (Specify).....

DATE TO BE ADMITTED / TRANSFERRED TO HITH: \_\_\_/\_\_\_/\_\_\_

EXPECTED DISCHARGE DATE: \_\_\_/\_\_\_/\_\_\_

**PRINCIPAL DIAGNOSIS:** .....

**PROPOSED MEDICAL MANAGEMENT PLAN:**

INTRAVENOUS ANTIBIOTICS .....

DOSE..... DURATION OF THERAPY.....

OTHER INFORMATION.....

**ANTICOAGULATION**

WARFARIN - MAREVAN/COUMADIN (PLEASE CIRCLE) DOSE.....MOST RECENT INR - DATE.....RESULT.....

CLEXANE - DOSE.....

**DISCHARGE PLAN IN FILE**

**REFERRAL DISCUSSED WITH HITH SMO**  (contact via switch)

**RELEVANT PAST MEDICAL HISTORY:**

.....  
 .....  
 .....

**ALLERGIES**  Yes (Please List).....  Nil

**ALERTS: (i.e. MRSA?)**  Yes (Please List) .....  Nil

**REVIEWS**

Next Medical/Specialist Review: / / 20 By Whom?:.....

**Referrer's Details**

Signature	Designation	Contact Number
Print Name	Date	Time

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REFERRAL AND MEDICAL MANAGEMENT PLAN



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ADDITIONAL NOTES

The following questions will be used by the HITH nurse when screening patients for admission to HITH

- Does the patient live within our catchment area?
Is the patients weight greater than 15 kgs
Can their condition be safely monitored outside the hospital environment?
Does the patient agree to being admitted to the hospital ward if their condition deteriorates?
Does the patient require any more than once daily visit?

Do You Have Any Further Notes To Make?

Area with horizontal dotted lines for additional notes.

Table with 4 columns: CQHHS HITH Contact Details, Phone, Fax, Email. Rows include Rockhampton, Gladstone, Emerald, and Biloela.

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