ST JOHN OF GOD
HEALTH CHOICES

Address: 2 Rochester Road, Canterbury VIC 3126
Telephone: 9836 5547
Facsimile: 9836 4933

PATIENT DETAILS (or affix label here)

UR_____ DOB _____

First Name_____

Last Name_____

Address _____

_____

Telephone_____

VX NO_____

Claim No / Insurance No_____

Melways Reference _____

NOK _____

NOK Telephone _____

Relationship to Pt _____

GP DETAILS

GP Name _____

GP Telephone_____

REFERRER DETAILS

Agency _____

Referrer's name _____

Contact telephone _____

Booked with _____

Signed _____ Date _____

Provider Number _____

VISIT DETAILS

Frequency:

☐ TDS ☐ BD ☐ Daily ☐ 2nd Daily

☐ Other _____

Duration:

☐ 30mins ☐ 60mins ☐ 90min

☐ Other_____

First visit Date: _____

Last visit Date: _____

Hospital Discharge Date: _____

Estimated number of visits: _____

Does patient have all relevant supplies and paperwork at home? (eg Dressings/wound guidelines/drug chart)
YES NO

DIAGNOSIS

_____

_____

_____

_____

_____

TREATMENT

_____

_____

_____

_____

RELEVANT INFORMATION

Cognitive	☐ Yes	☐ No
Continent	☐ Yes	☐ No
Client safety issues	☐ Yes	☐ No
Carer	☐ Yes	☐ No
At Risk:	☐ Yes	☐ No
Mobility:	☐ Good ☐ Fair	☐ Poor
Access to home:	☐ Good ☐ Fair	☐ Poor

PAYMENT DETAILS

☐ AHM ☐ ARHG ☐ HCF ☐ La Trobe ☐ Self Funding

☐ DVA ☐ AXA ☐ NIB ☐ TAC ☐ Workcover

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If DVA/TAC/WORKCOVER Please record DVA VX NO OR CLAIM NO WITH APPROPRIATE INSURANCE COMPANY

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