

**Western Health
GP Referral for Blood Transfusion**

- Footscray Hospital Williamstown Hospital
 Sunshine Hospital Sunbury Community Hospital
 Bacchus Marsh Hospital Melton Health

UR Number			
Surname			
Given Name			
DOB		Sex	

Please complete all sections and fax to **8345 0753** **Incomplete referrals will not be accepted**
Note: This form cannot be used for iron infusion referrals

Please note: Patient who are hemodynamically compromised or have active uncontrolled bleeding or have a Hb <70g/L and significant symptoms cannot be referred to MADU.

REFERRAL MEDICAL OFFICER DETAILS	CLIENT DETAILS
<p>GPs (Dr stamp may be used)</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Provider No:</p> <p>Email:</p> <p>Signature:</p>	<p>Address:</p> <p>Phone:</p> <p>Medicare No:</p> <p>Known Allergies:</p> <p>Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which language?</p> <p>Will patient be arriving by ambulance? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Can the person sit in a chair for treatment? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the person require assistance with ADL's? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, will a carer be present? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
REFERRAL DETAILS	
<p>Date of referral: ____ / ____ / ____</p> <p>Previous treatment in MADU? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Western Health UR:</p> <p>Is the patient currently under the care of a Western Health Specialty Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes which Unit:</p>	

CLINICAL INFORMATION

Relevant past medical history and known cause of anaemia (required for red cell transfusion):

Clinical indication for transfusion (signs and symptoms):

Patient haemoglobin **Date of test:** ____ / ____ / ____ ****please attach recent pathology results**

Current medications:

An Alfred/Monash Shared Pathology Service Blood Bank Request Form (accessible from the WH GP Liaison website) must be completed (with the patient's WH UR number).
 Has this been provided to the patient? Yes No

Note: Crossmatch must be completed at an Alfred/Monash Shared Pathology Service Collection centre. Location of collection centres are listed at the back of the Blood Bank Request form.

MADU NURSING/MEDICAL STAFF USE Date: ____ / ____ / ____ Referral accepted Yes No

Referral not accepted: Incomplete Inappropriate Other:

GP notified referral not accepted Yes No

Referral form returned to GP Yes No Date: ____ / ____ / ____



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WHCOR599