

ARC Team Referral Form – CNS (Mon - Fri 8 am to 5pm) or Clinical Pharmacist

*Date of referral: _____ Facility Name: _____
 Resident location (i.e. wing): _____ Care Level: _____
 *Resident Name: _____ NHI: _____ DOB: _____
 *Resident GP/NP Name: _____ Contact Number: _____
 Has the GP/NP been notified about the resident? Yes ☐ No ☐
 Resident or EPOA has consented to referral? Yes ☐ No ☐

Reason for Referral/Review:

- ☐ Multiple medical problems requiring comprehensive review
- ☐ Chronic conditions e.g. Diabetes/Heart failure/renal failure/COPD
- ☐ New Resident with multiple medications
- ☐ Recent discharge from hospital and/or multiple admissions to hospital
- ☐ Symptom management/dyspnoea/pain/weight loss/gain
- ☐ Increased confusion – UTI ruled out
- ☐ Falls/ Functional changes/mobility
- ☐ Advanced care planning
- ☐ End of life
- ☐ Complex wound management
- ☐ Other

Details of Problems/Concerns:

☐ ECG only (Fee \$50.00 - Health & Wellness Service) Send direct to: referrals@wboppho.org.nz
 Phone: 07 571 2100 (Please ensure additional information marked with * is completed)
 Reason for ECG: _____ Urgent (within 24hrs): ☐ Non –Urgent: ☐
 Requested by: _____ Designation: _____
 Contact Person to advise ECG has been completed and awaiting action: _____
 Contact Number: _____

*Observations (please ensure observations have been completed within at least 24hrs of referral):

*BP: _____ *HR: _____ regular/irregular (please circle) *RR: _____ *SpO2: _____ *Temp: _____

Lying BP: _____ Standing BP: _____ 1min: _____ 3 min: _____ (NB: Lying and standing BP is important if the resident has been falling, feeling faint or dizzy. Lie resident down for at least 5 mins, stand them up and take BP after one minute, then 3 minutes if possible)

Please attach:

Resident current medical conditions ☐ Medication list ☐ RN assessment/SBARR ☐
 Copy of Nursing Charts Weights ☐ Bowels ☐ BGL ☐
 Other (wound care plans etc.) ☐

*Referrer Name (please print): _____ Signature: _____

Designation: _____ Contact number: _____ Contact email: _____

ARC Team Review: arcteam@wboppho.org.nz **Contact:** Kate O'Dwyer - 0276203442 or Fiona Holmes 0272702094 and Pauline McQuoid (Clinical Pharmacist) 021 864 996 for medication reviews.

Disclaimer: Users must consider the most appropriate action and use clinical judgement with each case. The Acute Demand Aged Residential Team is not a substitute for GP decision-making where a case may require appropriate medical care or hospitalisation.