

# Referral cover sheet and acknowledgement

Purpose: to send with a referral or to acknowledge receipt of a referral.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Date: dd/mm/yyyy / /

## Referral

To send a referral complete this section		
<b>From</b>	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
	Role with consumer:	
<b>To</b>	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
Referral for type of service/service requested:		
Priority: <input type="checkbox"/> urgent (list reason in notes) <input type="checkbox"/> non-urgent		
SCTT attached:		Other documents attached:
<input type="checkbox"/> consumer information		<input type="checkbox"/> assessment information/report
<input type="checkbox"/> summary and referral information		<input type="checkbox"/> care plan
<input type="checkbox"/> other (list)		<input type="checkbox"/> other (list)
Notes:		

## Acknowledgment

<input type="checkbox"/> To acknowledge a referral you have received, complete this section		
<b>From</b>	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
<b>To</b>	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
Date referral received: dd/mm/yyyy / /		
Status of referral: <input type="checkbox"/> accepted <input type="checkbox"/> wait listed <input type="checkbox"/> rejected (note reason and suggest alternatives)		
Estimated date of assessment: dd/mm/yyyy / /		
Contact person for further information: <input type="checkbox"/> as above (from details) <input type="checkbox"/> new contact (provide in notes)		
Notes:		

Practitioner signature: _____	Total number of pages sent: _____
Position: _____	
Contact (phone/email): _____	

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