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| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> MMC – Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> MMC– Moorabbin |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:

Surname:

Given Name:

D.O.B: Age: Sex:

Affix Patient Identification Label

ISBAR GEM@Home Referral Form
(for referrals from bed-based GEM only)



I	Identify	Referral date: Referred by: Role: Ward: Bed-based admission date: Treating doctor: Consent to GEM@Home: Yes / No Interpreter required: Yes / No Language:
S	Situation	Key Diagnosis/HOPC: Isolation precautions: Yes / No
B	Background	Past medical history: Social history: GEM@Home carer details: Premorbid situation: Mobility: Occupational performance: Cognition / Language: Continent: Yes / No Usual living arrangements: Existing services:
A	Assessment	Current function: Current FIM score: Skin integrity risk: Low / Medium / High Transfers: Existing pressure injury Yes / No Details: Mobility: Cognition: Steps: Communication: Falls risk: Low / Medium / High Swallowing issues: Yes / No Self care: Modified diet/fluid: Yes / No Details: Domestic /community: Supplements: Yes / No Details:
R	Request	Nursing requirements: Wound management: Yes / No / NA Medication management: Yes / No Medication administration: Yes / No Medication to be administered by: Therapy requirements (circle required services): Physiotherapy Occupational therapy Social Work Nutrition and Dietetics Speech Pathology Podiatry Clinical Psychology Neuropsychology Personal care requirements Yes / No Number of days required (1-3 days): (for brokerage arrangements) SMART goals for GEM@Home admission: 1) 5) 2) 6) 3) 7) 4) 8) Date ready for transfer: Expected GEM@Home LOS:
		Signature of referrer: Date: GEM@HOME USE ONLY: Referral to GEM@Home accepted: Yes / No If no, reason:

ISBAR GEM @ HOME REFERRAL FORM