

Medical Referral Template Explainer

Using the Medical Referral Template: The template is designed to be customised to your organisation. Once downloaded in Microsoft Word, service providers can add their organisation logo and amend wording to match staff and client language. The digital template can be completed on your desktop and includes tick boxes and drop-down boxes. The print version is without drop-down boxes and can be printed and completed in hard copy. You may need to add additional spaces to comment section when using the print version. Once complete, consider if it is safe to print and give to the client or if emailing the form to the service you are referring to is best.

Considerations: Service providers who wish to use this template should consider how this tool can be best utilised in the context of their service, how staff will be trained to use the template and, if there is a requirement for it to be built into organisational protocols.

Steps for completing the Medical Referral Template:

1. When completing the form, answer all questions by replacing the coral text or adding wording above coral lines in the printed version, i.e. Digital version: [Insert full name] to Sue Lee Smith.
2. Tick all relevant boxes as you go through the form, leave boxes unticked if they do not apply to your client, i.e. Near or complete loss of consciousness.
3. On the digital form, the text, PICK ONE, indicates a drop-down box. Where applicable select an item from the box by first clicking on PICK ONE and then clicking the arrow to see all available options.

Identifying significant symptoms: The last section on page one, refers to signs and symptoms that are considered 'significant, meaning those who experience these may have an injury. Some clients may not be able to clearly identify if they experience these signs and symptoms. Below is a guide to help you determine if they have.

How the injury occurred

- Loss of bladder/bowel control during incident: The client may express this by saying 'I was so scared at the time I wet myself.'
- Near or complete loss of consciousness: The client indicates there was a period during the incident when they felt like they drifted off to sleep or blacked out.
- Memory loss: The client has gaps in their memory or is unable to explain how they got from one place to another (i.e. I don't know how I got down the stairs).
- Neurological symptoms persisting more than 10 days after the incident: The client had trouble thinking or felt slow and foggy for a long time after the incident.

New or evolving neurological symptoms

- Memory problems: The client has difficulty remembering names, appointments, where they put their keys, if they turned off the stove off etc.
- Changes in mood: All changes in mood since the incident, including those that relate to mental health diagnoses.

Referrer Comments: This section allows service providers to make further comment on how the incident has impacted the clients day-to-day function. For example, Since the incident, Sue describes poor memory noting she forgets appointments and details of recent conversations. Sue states, she gets headaches daily and has recently quit her sporting activities because she felt unable "to keep up like I used to." Her adult children have also told her that she has "mood swings" saying she is quick to anger or cry. They describe this as unusually behavior for their mum. Sue has recently been diagnosed with complex PTSD related to her prolonged DFV situation. Due to Sue's history of repeated NFS, we recommend Sue be booked in for a longer consult, consistent with a Medicare consultation Level E and assessed for a brain injury.