



## Hospital in the Home Referral

HUNTER NEW ENGLAND  
NSW HEALTH

Lower Hunter Cluster (Fax 49392569)

Lower Mid North Coast (Fax 65929776)

Calvary Mater Newcastle (Fax 40144803)

Medical Officer Name \_\_\_\_\_

Out and About Home IV Therapy  
Fax 49223468

Dr Mark Loewenthal

Dr Lex Tierney

Dr Michael Boyle

Dr John Ferguson

Dr Brian Hughes

Dr Rob Pickles

Referring Doctor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider No: \_\_\_\_\_

Patient:  
(Attach label)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Diagnosis:

\_\_\_\_\_

Past Medical History  
and investigations  
to date:

\_\_\_\_\_

Treatment:

IV Antibiotic/Intravenous therapy: *State type, dose, frequency and duration*

\_\_\_\_\_

Anticoagulation: *Target INR* \_\_\_\_\_

Monitoring and Education: *Specify* \_\_\_\_\_

Drain / wound care: *Specify* \_\_\_\_\_

Other: including Allied Health \_\_\_\_\_

Follow up appointments: \_\_\_\_\_

Medical Officer's Name (Print): \_\_\_\_\_

Signature of Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Note: All medication to be charted on a new National Medication Chart  
If you require further information, please contact Hospital in the Home services on 1300 443 989*