MALVERN
PRIVATE HOSPITAL
Australia's Leading Addiction Treatment Centre

Malvern private Hospital
5 Wilton Vale Cres,
Malvern East VIC 3145
Tel: (03) 9885 9621
Fax: (03) 9885 9699
ABN 87 607 036 831
MPHenquiries@machealth.com.au

Inpatient Care Referral Form:

<table>
<tr><td>Date of Consultation</td><td>Referring Dr:

Contact Number:

Provider Number:</td><td>Practice Address:

Contact Number:

Fax/email:</td></tr>
<tr><td>Patient Name:</td><td>Patient DOB:</td><td>Patients' Contact Number:</td></tr>
<tr><td>Patients Address:

Carers' details and emergency contact number</td><td>Medicare Number:

Health Insurance Details:

Provider Name:

Membership No:</td><td>WorkCover details if applicable (please note: work cover approval for hospital in-patient admissions must be in writing prior to the patient admission)</td></tr>
<tr><td colspan="3">Addiction Issues – Substance and Behaviour Addictions:</td></tr>
<tr><td colspan="3">Current Prescribed Medications:</td></tr>
<tr><td colspan="3">Past History: Relevant biological, Psychological and Social history</td></tr>
<tr><td colspan="3">Risk and Co-morbidities: note any associated risks and co-morbidities including suicidal tendencies/ self-harm and risks to others</td></tr>
<tr><td colspan="3">Patients' Needs/Goals:</td></tr>
<tr><td colspan="3">Is the Patient Physically stable? Yes - No
If Not what Actions/Treatment needs to be implemented?</td></tr>
<tr><td>Patient Signature & Date:</td><td colspan="2">Referring Drs' Signature & Provider Number Date:</td></tr>
</table>