

OFFICE USE ONLY

Workshop Date: _____ DG NY Time _____
2/12 review: _____ 6/12 review: _____

Eczema Project Referral Form

Please complete ALL questions and then print out and fax to: 03 9345 6231

This referral will be assessed by the Eczema Project Nurse for eligibility into the Partnerships for Children, Eczema Project. If eligible the patient will be booked into the clinic at either Doutta Galla or North Yarra Community Health Centre. Initial appointment made within 7 to 14 days.

Name: _____

RCH UR: _____

Address: _____

Home telephone: _____

Mobile telephone: _____

(Bradma Label Accepted)

Referring Doctor: _____ GP RCH dept: _____

Contact telephone or pager: _____

Email address: _____

1. Referral date: _____

2. Does the patient reside within postcodes 3000- 3099?

Yes No (this project is only available to patients living within these postcodes)

3. Over the past 12 months has the patient presented to the RCH Emergency Department for eczema?

Yes No unknown

4. Over the past 12 months has the patient been admitted to RCH for eczema?

Yes No unknown

5. Is the patient/family from a CALD (culturally and linguistically diverse) background and unable to access existing eczema support services for example the RCH Eczema Workshop?

Yes No If yes, what is the first language at home? _____

5. Does the patient/family have any psychosocial issues that are impacting on their home eczema treatment plan and impeding self management?

Yes No Briefly describe: _____

6. Does the patient have moderate to severe eczema (SCORAD greater than 30)?

Yes No SCORAD: _____

7. Is the patient at risk of admission?

Yes No

For booking enquires please contact Michelle Devlin on 9345 5972

For referral queries please contact the Eczema Project Nurse on Monday's, Thursday's and alternate Wednesday's. Mobile 0423 845 961, hospital pager 5382 or email eczema_nurse@rch.org.au