

OFFICE USE ONLY

Workshop Date: _____ DG NY Time _____

Community Eczema Program - Referral Form

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

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

Eligibility is restricted to patients who reside within postcodes 3000 to 3099

Name: _____

RCH UR: _____

Address: _____

Home telephone: _____

Mobile telephone: _____

(Bradma Label Accepted)

Referring Doctor: _____

GP RCH dept: _____

Contact telephone or pager: _____

Address: _____

Email address: _____

Referral date: _____

Does the patient reside within postcodes 3000- 3099?

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

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

Yes No unknown

2. 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? _____

3. 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: _____

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

Yes No SCORAD: _____

5. Is the patient at risk of admission?

Yes No

For booking enquires please contact admin support on 9345 5972

For queries please contact the Community Eczema Nurse on eczema.nurse@rch.org.au