The Royal Children's Hospital Melbourne

This referral will not be activated until you have contacted HITH and emailed/faxed this referral form

WALLABY WARD REFERRAL: External COVID Referral Form

Please scan and email all referrals to: Wallaby.ward@rch.org.au or FAX to 9345 6459

For telephone enquiries call: (03) 9345 4770 **Date**:_____
For referrals after hours, intake assessments will be performed after 8:00am the next day.
For patients requiring urgent medical care please call 000.

Please read eligibility criteria prior to referral: https://www.rch.org.au/wallaby/COVID-19_resources/

Patient Details *(All fields of the patient details to be completed)*

Patient surname:	Given name:
Date of birth:	RCH MRN (if has one):
Gender: ❍ Male ❍ Female ❍ Other:	
Address: Postcode:	
Parent / carer surname:	Parent / carer given name:
Mobile number:	At least one alternate number:
Medicare number: ❍ Not eligible for Medicare	
Usual GP (if known):	
Indigenous status: ❍ Aboriginal ❍ Torres Strait Islander ❍ Not Indigenous	
Interpreter required: ❍ Yes ❍ No Language:	

Referring Doctor Details

Name:	Provider number:
Email address:	
Telephone number:	Fax number:
Signature:	Date: / /

Is there DFFH involvement, known physical/verbal aggression or drug/alcohol misuse? ❍ No ❍ Yes (brief details)

Clinical Criteria for HITH admission:

MODERATELY UNWELL (HITH-specific definition)	**OR**	MILDLY UNWELL BUT HIGHER RISK
Symptoms		**Co-morbidities**
❍ Mild to moderate work of breathing but maintaining oxygen sats >94% in air		❍ Cyanotic heart disease
		❍ Chronic lung disease
❍ <2/3 usual intake but no NG/IV fluid needed		❍ Immunocompromised
❍ Chest pain		❍ Complex neurodisability
❍ Other symptoms:		❍ Other:
		AND Symptoms:
Date of positive COVID test: / /		
Any other relevant management, medical/social history, special needs, allergies, current medications:		