

Patient Details

First Name: _____ Last Name: _____ D.O.B: _____

Address: _____

Phone: _____ Medicare No: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Medical Professional Supporting Referral

GP Name: _____ Specialist Name: _____

Provider #: _____ Provider #: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Service Request: ☐ Inpatient ☐ Outpatient ☐ Wound Care ☐ Stoma Therapy

Date and type of surgical procedure / Stoma Type /Wound Type:

Care Requested: ☐ Wound Care ☐ Stoma siting / Stoma education and management

Details:

Requested First Date of Visit: ____ / ____ / ____

Financial Details (must be completed to accept referral)

☐ Patient ☐ DVA (Gold) ☐ Hospital ☐ Other eg. Health Fund/TAC (Third Party written approval must accompany this referral)

Further Details (e.g. Number of funded visits)

Funding Contact Person:

Referral Details:

Form Completed By: _____ Hospital/Ward/UR Number: _____

Phone/Fax: _____ Signature: _____

Complete ALL details

Contact Bayside Wound and Stoma Therapy Services to confirm the referral has been accepted

Rebecca Rios: 0413 588 210 Karen Wendland: 0418123502 FAX: 03 9592 8808 EMAIL:

baysidewoundandstoma.services@gmail.com

Wound Clinic Appointments

Our clinic is located at:

23 Black Street, Brighton, VIC 3189 (corner of Carpenter St)

The clinics is operated by one of our nurse practitioners and will attract a Medicare rebate.

Initial appointment: \$170

Subsequent visit: \$160

Home Visit Appointments

Home visits can be arranged for patients who are unable to attend the clinic for medical reasons.

Our fees are inclusive of travel and basic wound care consumables. High-cost consumables will be discussed prior to initiation as these are the financial responsibility of the patient.

\$170 for distances of up to 10km from 23 Black Street, Brighton, VIC

\$180 for distances of up to 15km will be confirmed at time of accepting referral.

\$220 for distance up to 20km will be confirmed at time of accepting referral

Greater distances will be quoted on acceptance of the referral

Weekends and public holidays will attract a 50% surcharge

Fund/Insurer Information

DVA GOLD CARD:

Funded under DVA rules. Bayside Wound and Stoma Therapy Services must be advised if there are other nursing services are attending.

PRIVATE HEALTH INSURANCE FUNDING/TAC/WORKCOVER:

If discharging from hospital the application to the health insurer must be made by the discharging hospital and approved by the insurer prior to the patient leaving the ward. It should not be assumed the consultation costs are covered until the third party/insurer has accepted responsibility in writing and provided all invoicing details.

ONLY NURSE PRACTITIONER APPOINTMENTS ARE ENTITLED TO A MEDICARE REBATE

☐ I have read and understood the information provided Date: ____ / ____ / ____

Sign _____ Print Name _____

INFORMATION QUALITY

Our goal is to ensure that your information is accurate and up to date. To assist us with this please advise us if any previous details you have provided us has changed.

DATA SECURITY

The storage, use and transfer of your personal health information will be undertaken in a secure manner that protects your privacy. We take all reasonable steps to protect the security of the information we hold. This includes electronic and paper based information.

ACCESS TO YOUR PERSONAL INFORMATION

Access will be provided in accordance with our policy. If you require access to the information we have gathered please contact our practice manager in writing and it will be arranged for you to be provided with what you have requested.

WHAT HAPPENS IF YOU CHOOSE NOT TO PROVIDE PERSONAL INFORMATION

You are not obliged to provide us with personal information. However, if you choose not to provide your personal details such as correct name, address, DOB etc this may compromise our ability to provide you with our services and will affect Medicare rebates etc.

TREATMENT OF CHILDREN

We will treat children in the presence of their parent or guardian, and all health information and privacy will be maintained.

COMPLAINTS

If you have any complaints or questions about how your personal information is managed please contact our practice manager and we will endeavour to address the complaint/question as quickly and fairly as possible. We ask that complaints be in writing and forwarded to the practice at:
23 Black Street, Brighton, VIC 3186

REFERRAL DETAILS

Bayside Wound and Stomal Therapy Services is open Monday to Friday from 8am – 5:30pm. Visits outside these times can be arranged with prior approval.

To access care from the practice you require a referral from a GP, specialist or organisation on their behalf such as discharging hospital or residential facility. We will request a health summary from your GP which will assist us in the admission process.

We ask that you report any unexpected signs of illness or fever to our staff prior to the appointment as this may affect our ability to attend. It is recommended all patients have a thermometer in their home and check their temperature daily.

HOME CARE & CLINIC VISIT INFORMATION

Home care patients will be contacted in the morning with an approximate time of arrival. It is the patient's responsibility to accommodate our appointments at your home. We ask you do not schedule non-essential appointments within our home-visit hours.

Please note: home visit times are subject to change due to traffic conditions and unpredictable circumstances such as complications with a previous patient. You will be contacted with updates of our expected arrival time.

For consultations at one of our wound clinics an appointment time will be scheduled. Our wound clinic is routinely staffed by one of our nurse practitioners and is located at 23 Black Street, Brighton. There is ample parking in the area.

MEDICARE REBATE & FUNDING

Medicare rebate is only available for nurse practitioner consultations.

Your home visits will be attended by our competent wound care team who routinely report to the nurse practitioner. At intervals a nurse practitioner will attend your home appointments.

The service costs are a patient responsibility unless they have been accepted by a third party – including your private health fund, the discharging hospital or an aged care facility.

We require written confirmation and invoicing details from the third party before we can accept the referral. Any appointments attended before confirmation is received by our office remains the responsibility of the patient.

Should you experience any complications prior to the first visit please contact the discharging hospital or GP to seek advice.

For urgent attention in the case of an emergency dial 000

☐ I have read and understood the information provided Date: / /

Sign _____ Print Name _____

The Privacy Act 1988 regulates how personal information is handled. The Act defines personal information as:

“...information or an opinion, whether true or not, and whether recorded in a material form or not, about an identified individual, or an individual who is reasonably identifiable.”

Bayside Wound and Stoma Therapy Services has policies regarding how we manage information about you and how you may access that information.

Please speak to staff if you require more information.

We take our obligations to protect your privacy seriously. The practice and its staff will take all reasonable steps to comply with this policy and protect the privacy of all personal information we hold. This policy describes how we intend to do so.

COLLECTION OF INFORMATION

The practice collects and holds information about patients so that we can properly assess, diagnose and treat, while being proactive in managing needs.

All members of our professional team have access to the information we collect. We may use and disclose the information in the following ways:

- Disclose to other health care professionals involved in your care such as your general practitioner or specialist. The information we may be required to share can include your pathology or radiology results, or events during management of an emergency situation should it arise.
- Disclose to enable recording on medical registers to improve community health care
- Administrative purposes in running the practice including your insurer or medical indemnity provider, and quality assurance and accreditation bodies
- Billing purposes, including providing information to your health insurance fund, medicare and other organisations responsible for the financial aspect of your care.

You will be informed when Bayside Wound and Stoma Therapy Services is involved in activities associated with research and your involvement will only take place if you provide express signed consent.

The practice regularly assists with training and education of other health professionals and this often involves the use of photos or case examples. Your case scenario or photographs will only be used with your consent which is documented at the time of admission. All information and photos used are de-identified.