Medical Practitioner Request for Admission

Ngala Family Services is approved and licenced as a Private Hospital under the Private Hospitals and Health Services Act 1927 Part IIIA (provider number 075140K) to provide ***"Nursing care appropriate to requirements for the special needs of mothers, babies, toddlers and pre-schoolers and clients in the residential family unit."***

Practitioner Certification: The care provided through the Ngala Family Services model is classified by the (Private Health Insurance - Benefit Requirements Rules 2011) as a Type C Procedure. Funding arrangements require that the patient's Referring/Admitting medical practitioner must certify in writing that it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital.

Please complete details of parent or primary caregiver and child/children for admission.

Your patient may have already discussed the most appropriate service with our Parenting Line staff or Intake Nurse. If you wish to discuss further please call the Ngala Intake Nurse on **9368 9364**.

All request for admission must be completed and signed by a medical practitioner

Medical Practitioner Details			
Doctors Name			
Address 1 (practice)			
Address 2 (street)			
Post Code		State	WA
Email			
Phone			
Provider Number			

Family Members for Admission

Primary Caregiver			
Full Name		Date of Birth	
Reason for Admission as patient	☐ Adjustment to parenting ☐ Family health/social issues ☐ Parental stress/fatigue ☐ Other: ____________	☐ Anxiety ☐ Postnatal depression diagnosed ☐ Symptoms of depression or other emotional state	
EPDS score completed in the last 7 days	☐ Yes ☐ No	If yes insert score	
Current risk of suicide/self-harm	☐ Yes ☐ No		

Accompanying Partner			
Full Name		Date of Birth	
Reason for Admission	☐ Adjustment to parenting ☐ Family health/social issues ☐ Parental stress/fatigue ☐ Other: ____________	☐ Anxiety ☐ Symptoms of depression or other emotional state	

Medical Practitioner Request for Admission

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Child in Focus		
	Full Name	Date of Birth
Child in Focus		
Reason for Admission	☐ Feeding/Nutrition ☐ Sleep/Settling ☐ Child Development/Behaviour	☐ Colic or Reflux ☐ Other
Child in Focus		
Reason for Admission	☐ Feeding/Nutrition ☐ Sleep/Settling ☐ Child Development/Behaviour	☐ Colic or Reflux ☐ Other
Child in Focus		
Reason for Admission	☐ Feeding/Nutrition ☐ Sleep/Settling ☐ Child Development/Behaviour	☐ Colic or Reflux ☐ Other

Additional Comments
Please sight the details completed by the patient and add any additional comments here to assist our intake team in assessing level of service or priority

I certify that the patient named in the **"Medical Practitioner Request for Admission"** meets the conditional requirements for a Certified Type C

Doctor's Signature

Date

Please forward for the attention of Ngala's Intake Nurse either by:

Mail: Ngala, 9 George Street Kensington, Perth WA 6151

Fax: 08 9368 9398 or

Email: rfa@ngala.com.au

Please note: on receipt of your completed form, Ngala Intake Nurse will assess the request to determine the priority level based on the risks and vulnerabilities as well as the strengths and protective factors identified.

A written discharge summary will be forwarded to you if your patient is admitted to Ngala private hospital

Patient Detail for Admission to Ngala

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Please complete the below form and discuss with your medical practitioner

Parent to be Admitted as Patient

Parent Details				
Surname				
Given Name				
Preferred Name (if any)				
Gender	☐ Male ☐ Female ☐ Diverse		Date of Birth	
Are you of Aboriginal or Torres Strait Islander origin?				
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander				
Relationship to Child				
Contact Number	*(mobile preferred)*			
Address				
Post Code			State	WA
Email				
Medicare Card Number				
Private Hospital Cover	Parent	☐ Yes ☐ No	Child	☐ Yes ☐ No
	Name of Health Fund			
	Membership Number			

Parent Details			
Patient Details	Yes	No	If yes insert details
Past or current mental health issues	☐	☐	
Past or current drug & alcohol misuse	☐	☐	
Identified current domestic violence	☐	☐	If yes, is there a Violence Restraining Order in place: ☐ Yes ☐ No
Any medical conditions	☐	☐	If yes insert details and management
Current medications	☐	☐	
Any allergies	☐	☐	
Disability	☐	☐	
Special dietary requirements	☐	☐	

Patient Detail for Admission to Ngala

First Child to be Admitted as Patient

Child Details (first child to be admitted)	
Surname	
Given Name	
Preferred Name (if any)	
Gender	☐ Male ☐ Female ☐ Diverse
Date of Birth	
Are they of Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	
Place in Family	

Child Details (first child to be admitted)			
Patient Details	Yes	No	If yes insert details
Any medical conditions	☐	☐	If yes insert details and management
Any current medications	☐	☐	
Allergies	☐	☐	
Disability	☐	☐	
Feeding issues	☐	☐	
Special dietary requirements	☐	☐	
Feeding type	☐ Breast	☐ Formula	☐ Solids
Is the child's immunisation up to date	☐	☐	If no insert reasons

Immunisation Requirements

Please note: Ngala is unable to admit babies or children who are not fully immunised; unless they are on a recognised catch up schedule or have an approved medical exemption; to the Residential Parenting Service. **Proof of immunisation status is required prior to admission.**

Suggested ways to access your baby's/children's immunisation record:

- You can ask your GP to print a copy of your child's statement for you
- Using your Medicare online account via myGov (external site)
- Using the Express Plus Medicare mobile application (external site)
- Phoning the Department of Human Services (external site)

Please skip to Adult Patient's Partner or Other Emergency Contact (page 7) if only one child is to be admitted

Patient Detail for Admission to Ngala

Second Child to be Admitted as Patient

Child Details (second child to be admitted)	
Surname	
Given Name	
Preferred Name (if any)	
Gender	☐ Male ☐ Female ☐ Diverse
Date of Birth	
Are they of Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	
Place in Family	

Child Details (second child to be admitted)			
Patient Details	Yes	No	If yes insert details
Any medical conditions	☐	☐	If yes insert details and management
Any current medications	☐	☐	
Allergies	☐	☐	
Disability	☐	☐	
Feeding issues	☐	☐	
Special dietary requirements	☐	☐	
Feeding type	☐ Breast ☐ Formula ☐ Solids		
Is the child's immunisation up to date	☐	☐	If no insert reasons

Immunisation Requirements

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- Phoning the Department of Human Services (external site)

Please skip to Adult Patient's Partner or Other Emergency Contact (page 7) if only two children are to be admitted

Patient Detail for Admission to Ngala

Third Child to be Admitted as Patient

Child Details (third child to be admitted)	
Surname	
Given Name	
Preferred Name (if any)	
Gender	☐ Male ☐ Female ☐ Diverse
Date of Birth	
Are they of Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	
Place in Family	

Child Details (third child to be admitted)			
Patient Details	Yes	No	If yes insert details
Any medical conditions	☐	☐	If yes insert details and management
Any current medications	☐	☐	
Allergies	☐	☐	
Disability	☐	☐	
Feeding issues	☐	☐	
Special dietary requirements	☐	☐	
Feeding type	☐ Breast	☐ Formula	☐ Solids
Is the child's immunisation up to date	☐	☐	If no insert reasons

Immunisation Requirements

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Suggested ways to access your baby's/children's immunisation record:

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- Using the Express Plus Medicare mobile application (external site)
- Phoning the Department of Human Services (external site)

Patient Detail for Admission to Ngala

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Adult Patient's Partner or Other Emergency Contact

Patient's Partner or Emergency Contact	
Surname	
Given Name	
Preferred Name (if any)	
Gender	☐ Male ☐ Female ☐ Diverse
Date of Birth	
Are you of Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	
Contact Number	*(mobile preferred)*
Place in Family	

Patient's Partner or Emergency Contact			
Patient Details	Yes	No	Comments
Will partner/support person be attending service?	☐	☐	
Does this partner have any current health or drug abuse issues?	☐	☐	If yes insert details

Patient Detail for Admission to Ngala

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Please note: Ngala's policy states babies less than 6 months of age are to sleep on their back. Cuddlies and soft toys are not to be used in cots. Refer to WA Department of Health policy and Red Nose recommendations

Other Services or Professional Working with Your Family

Other Services or Professional Working with Your Family	
Services or Professionals	If ticked please provide details
☐ Paediatrician	
☐ Child Health and Nurse	
☐ Child Protection & Family Support	
☐ Child Development Service	
☐ Drug and Alcohol Worker	
☐ Psychiatrist, Psychologist or Mental Health Service	

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Ngala services may incur a fee, payment plans are available. Please discuss with our Bookings Team on **9368 9368**.