Request for Admission

Medical Practitioner Referral Form

I.D. Label

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.

The benefit of the nursing care provided may be limited for primary carers with untreated moderate to severe mental health presentations including self-harm and suicidal ideation. Please complete a K10 with the primary carer and if the score is above 25 discuss referral options for appropriate psychological interventions. Appropriate psychological interventions will need to be in place prior to the Ngala referral being accepted.

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**.

REFERRAL FORM

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

Family Members for Admission		
	Full Name	Date of Birth
Primary Caregiver (A1)		
Child in Focus (C1)		
Child in Focus (C2)		

Health and Safety	Yes	No
K10 score completed in the last 7 days? What was the score: (required as part of the referral)	☐	☐
Current risk of suicide/self-harm?	☐	☐
Any history of mental illness?	☐	☐

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Health and Safety	Yes	No
Any history drug & alcohol misuse?	☐	☐
Identified current domestic violence?	☐	☐
Any medical conditions, allergies or disability?	☐	☐
Risk of anaphylaxis? Please attach anaphylaxis action plan	☐	☐
Current medications?	☐	☐

Comments (if you answered **yes** to any of the above questions, please provide additional information)

Medical Practitioner Acknowledgement			
I certify that the patient named in this Medical Practitioner Request for Admission form meets the conditional requirements for a Certified Type C. All request for admission must be completed and signed by a medical practitioner.			
Doctors Signature		Date	

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

Request for Admission

Patient Detail for Admission to Ngala

I.D. Label

PATIENT DETAILS

Please complete the patient details form and discuss with your medical practitioner

Primary Caregiver to be Admitted as Patient

Primary Caregiver (Your Details)					**Adult 1**
Surname					
Given Name					
Preferred Name	*(if any, including pronouns)*				
Gender	☐ Male ☐ Female ☐ Other (please specify):				
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			
Email					
Medicare Card Number		Ref #		Expiry	

Private Hospital Cover			
Private Hospital Cover	**Primary Caregiver:** ☐ Yes ☐ No **Child/ren:** ☐ Yes ☐ No		
Name of Health Fund		Membership Number	

How Can Ngala Support You	
Reason for Admission as Patient	
☐ Adjustment to parenting	☐ Parental mental health and emotional wellbeing
☐ Family health/social issues	☐ Coping skills
☐ Parental stress/fatigue	☐ Other (please specify)

Request for Admission

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I.D. Label

First Child to be Admitted as Patient

Child Details (first child to be admitted)	**Child 1**
Surname	
Given Name	
Preferred Name	*(if any, including pronouns)*
Gender	☐ Male ☐ Female ☐ Other (please specify):
Date of Birth	
Birth Order	
Do they Identify as Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	

Reason for Admission		
How Can Ngala Support Your Child		
☐ Feeding/Nutrition	☐ Colic or Reflux	☐ Sleep/Settling
☐ Child Development/Behaviour	☐ Other (provide details):	

Health and Safety	**Yes**	**No**
Medical conditions, allergies or disability?	☐	☐
Risk of anaphylaxis? Please include anaphylaxis action plan	☐	☐
Current medications?	☐	☐
Is the child's immunisation up to date? (if no, please add reasons below)	☐	☐

Comments (if you answered to **yes** any of the above questions, please provide additional information)

Feeding type? ☐ Breast ☐ Formula ☐ Solids

Please skip to Partner Details and Emergency Contact (page 6) if only one child is to be admitted

Request for Admission

Patient Detail for Admission to Ngala

I.D. Label

Second Child to be Admitted as Patient

Child Details (second child to be admitted)	**Child 2**
Surname	
Given Name	
Preferred Name	*(if any, including pronouns)*
Gender	☐ Male ☐ Female ☐ Other (please specify):
Date of Birth	
Birth Order	
Do they Identify as Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	

Reason for Admission		
How Can Ngala Support Your Child		
☐ Feeding/Nutrition	☐ Colic or Reflux	☐ Sleep/Settling
☐ Child Development/Behaviour	☐ Other (provide details):	

Health and Safety	**Yes**	**No**
Medical conditions, allergies or disability?	☐	☐
Risk of anaphylaxis? Please include anaphylaxis action plan	☐	☐
Current medications?	☐	☐
Is the child's immunisation up to date? (if no, please add reasons below)	☐	☐

Comments (if you answered yes to any of the above questions, please provide additional information)

Feeding type? ☐ Breast ☐ Formula ☐ Solids

Request for Admission

Patient Detail for Admission to Ngala

I.D. Label

Partner Details and Emergency Contact

Partner Details (if applicable)	**Adult 2**
Surname	
Given Name	
Preferred Name	*(if any, including pronouns)*
Gender	☐ Male ☐ Female ☐ Other (please specify):
Date of Birth	
Do they Identify as Aboriginal or Torres Strait Islander origin?	
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander	
Contact Number	*(mobile preferred)*

Emergency Contact Details	
☐ Same as above (please tick) or complete details below	
Name	
Contact Number	*(mobile preferred)*
Relationship	

Other Services or Professional Details

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

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Important information

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)

Anaphylaxis Action Plan

Please provide a copy of your or child/children anaphylaxis action plan prior to admission. If you or your child/children have severe allergies (and at risk of anaphylaxis) and have no action plan in place, please complete **Ngala's Anaphylaxis Emergency Action Plan (EP-F61)** prior to admission.

Safe Sleep

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.

Lodging Your Request for Admission

Please forward completed and signed form, along with any support documents (i.e. anaphylaxis action plan, K10) for the attention of Ngala's Intake Nurse either by:

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

Fax: 9368 9398

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. Based on this assessment, the most appropriate care options will be discussed with you e.g. a Day Stay prior to an Extended Stay.

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