

## HOSPITAL AT HOME (HAH) REFERRAL TEMPLATE

### Patient information or hospital sticker

Name and surname			
ID number		Date of birth	
Scheme Option			
Membership number		Dependant code	
Address			
Contact number		Email address	
Next of kin (name)		Next of kin contact details	

### Referring Doctor information

Surname		Practice Number	
Email address		Phone number	

### Clinical information to be completed by the referring doctor

Reason for referral to HAH (Include applicable ICD-10 codes)	
Clinical findings and investigations results (please attach copies of results)	
Today's vital signs	Pulse (HR) Blood pressure Respiratory rate Temperature Oxygen saturation
Care Plan	
Current chronic medication	
Allergies	

## Prescription for HAH admission

Drug name Dose Route Frequency Duration

Doctor's name		Doctor's signature	
Date			