ADULT RETRIEVAL VICTORIA e REFERRAL FORM

Refer to ARV electronically via REACH for routine ARV referrals: **https://reach.vic.gov.au** (no login required).

The ARV referral form should not be used for time critical cases. If you require immediate advice or support, escalate your local response team or system immediately and call ARV on 1300 36 86 61.

This form can be completed by the referring physician, nurse or clerical staff who have access to the patients records.

The ARV referral form consists of all the information an ARV call taker would request from the referring person when making a phone referral in addition to a brief patient history. The referral form can be broken down into four sections:

> Contact information
> Patient information
> Observations and history
> Data validation

Contact Information

Some basic contact information is required to ensure ARV can contact the person looking after the patient. Please include the first and last name, position within the Health Service (ie GP, Nurse, Consultant, etc), the best contact number (preferably your mobile number) and email address for the person ARV should contact to discuss the referral.

Basic patient registration information

Patient registration information is also required as part of the ARV referral process.

The patients name, gender and date of birth (DOB) are required and where the patient DOB is unknown an estimated age should be entered. If available, ARV also requires the patient's address.

Details of the patient location should be entered into the Hospital field. As you commence typing in this field the list of options will change as you continue to type. Select your Health Service from the list. If you cannot find your Health Service from the list, change the patient location to medical clinic (or applicable) and enter the details of the patient's location into the location details box. Select the unit the patient is currently located in from the unit drop down list.

If a hospital ID bracelet has been attached to the patient, select the ID wrist band box. If the patient has any significant infectious risk, select the infectious risk box and provide details in the infectious details box. The patient's current insurance status is also required.

Patient weight is a mandatory field. For logisThe testis5if5tdatiaglE800B4Q3156590c300Jd49PPR0223J7TD9TD22s07DT003(0b)s90tg0f)26)0u