

Non-Resident Patient Referral Form A

(Sits in patient records)

This form contains confidential information. Please save a copy to your personal drive and complete the form from there.

| Patient Details | | | | Family Details | | | | | | | | | |
|--|--|--------------|--|----------------|--|-------------------------------|--|--------|--|------------------------------|--|---|--|
| Patient name: | | | | Name: | | | | | | | | | |
| NHI: | | DOB: | | Age: | | Relationship: | | Phone: | | | | | |
| Diagnosis: | | Confirmed: Y | | N | | Email: | | | | | | | |
| Interpreter required: Y | | N | | Language: | | Interpreter required: Y | | N | | Language: | | | |
| Referrer Details | | | | | | | | | | | | | |
| Referral doctor: | | | | | | Referral Country: | | | | | | | |
| Email: | | | | | | Phone: | | | | | | | |
| Starship Clinician | | | | | | | | | | | | | |
| Name: | | | | | | Diagnosis confirmed: Y | | | | | | N | |
| Treatment plan/diagnostic investigation and contingency attached: | | | | | | Y | | N | | | | | |
| Treatment plan/diagnostic investigation sent to estimation for costing: | | | | | | Y | | N | | | | | |
| Notes: | | | | | | | | | | | | | |
| Funder Agency or Individual Details (Eligibility Team to complete) | | | | | | | | | | | | | |
| Funder agency: | | | | | | Contact person: | | | | | | | |
| Phone: | | | | | | Email: | | | | | | | |
| Treatment \$ estimation provided: Y | | | | | | N | | \$: | | Approved by funder agency: Y | | N | |
| Contingency plan developed: Y | | | | | | N | | \$: | | Approved by funder agency: Y | | N | |
| Notes: | | | | | | If not approved – next steps: | | | | | | | |
| *** Treatment Plan and Contingency Plan to be attached to this document *** | | | | | | | | | | | | | |
| Referral information from country of residence to be attached | | | | | | | | | | | | | |
| Approval | | | | | | | | | | | | | |
| Form A, patient notes and treatment/investigation estimate must be sent to the SCD/GM/Director in order to be approved | | | | | | | | | | | | | |
| SCD name: | | | | | | Signed: | | | | Date: | | | |
| GM/Director name: | | | | | | Signed: | | | | Date: | | | |
| Funder Acceptance | | | | | | | | | | | | | |
| Funder Agency: | | | | | | Signed: | | | | | | | |
| Name: | | | | | | Date: | | | | | | | |