THE MOORING
Caring for families of patients in intensive care

SOCIAL WORKERS' REFERRAL FORM 2023:

Request for The Mooring support with accommodation and / or wrap around care.

- Please phone The Mooring 0401766042 to discuss the referral prior to emailing the form if possible
- The Mooring also provides wrap around care for families in Hospital Foundation funded accommodation

Referral has been discussed and consented to pass on the following details: Yes ☐ No ☐ (referral cannot be made without consent)		
Referral Date:	Patient Name:	ICU Bed No:
Contact Name:	Relationship to patient:	
Contact Number:	Suburb/Town of Origin	
Alternate Contact number:	Eligible for ☐ IPTAAS ☐ PTTS ☐ Not eligible	
Notes: Please provide brief description of circumstances and support needs: (This referral will be passed on to the carer)		

Accommodation preferred option: *(For The Mooring support, if unsure of unit availability tick B & C)*

Start Date: **Anticipated length of stay:** **Number of people:**

A. ☐ Hospital Foundation: Booked at: ☐ Ashmore Palms ☐ Earls Court Number of nights:

B. ☐ The Mooring Unit: Bulk Billed ☐ IPTAAS ☐ PTSS or ☐ Client Contribution $ p/n

C. ☐ The Mooring to subsidise ☐ Ashmore Palms ☐ Earls Court - Client to pay $ p/n Full cost $ p/n

D. ☐ Motel: Bulk Billed ☐ IPTAAS ☐ PTSS at ☐ Ashmore Palms ☐ Earls Court Gap $

E. ☐ Accommodation not required

Does the client have a car? ☐ Yes ☐ No

Wrap around care needs:

☐ Care Pack	☐ Meals	☐ Toiletries	☐ Go Card	☐ Initial Transport
☐ Petrol Voucher	☐ Grocery Voucher	☐ Taxi/Uber Voucher	☐ Clothes	☐ Other

Referral made by:	Signature:
Contact Number:	Department/Ward/Position:
Phone referral - Spoke to:	Referral Form emailed: ☐ Yes