



Health



The Sydney children's Hospitals Network
care, advocacy, research, education

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

TRAPEZE REFERRAL FORM

For SCHN Powerchart users, please complete Trapeze referral in Powerchart

Referrals to Dr Jane Ho, Staff Specialist, Trapeze.	Referrer Name:
Date of Referral:	Department Name:
Role of Referrer:	Contact Number:
Consultant Name:	Email :
Source of Referral <input type="checkbox"/> CHW <input type="checkbox"/> SCH <input type="checkbox"/> Community <input type="checkbox"/> Self	

CONTACT DETAILS

Young Person Phone:	Young Person Email:
Parent Surname:	Parent First name:
Relationship to young person:	Parent Phone:
Address:	Email:

NESB Interpreter required: Yes No Language: _____

Intellectual capacity of young person: Normal Delayed Non-verbal

MEDICAL INFORMATION

Primary diagnosis:	Co-morbidities:
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REASON FOR REFERRAL TO TRAPEZE & PRIORITIES FOR MANAGEMENT:

<input type="checkbox"/> Complex Medical Issues <input type="checkbox"/> Complex Psychosocial Issues <input type="checkbox"/> Self-Management <input type="checkbox"/> Transition planning and support	Other (Please state) _____ _____ _____
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KEY PROFESSIONALS

Name	Speciality
GP	

Other Services Involved e.g. FACS, _____

Home Visit Alerts e.g. AVO, Risk or danger to Staff _____

Current plans for transition (i.e. Where, who, when?) _____

Have you discussed this referral with the young person/or guardian? Yes No

Next planned appointment: _____

INCOMPLETE FORMS WILL BE RETURNED TO REFERRER AND REFERRAL WILL NOT BE ACCEPTED

PLEASE RETURN TO: Phone: 02 9382 5457 OR Fax: 02 9382 5680 Email: trapeze.schn@health.nsw.gov.au

Postal Address: Trapeze, Sydney Children's Hospital, Randwick. Centre for Adolescent and Young Adult Health, Level 7, The Bright Alliance, Corner of High and Avoca Street, Randwick, NSW 2031.



SCN010180A

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

SCN010180A 120419

TRAPEZE REFERRAL FORM

SCN0101.180A