

HSE Isolation Facility REFERRAL FORM

(Please Complete in Block Capitals)

All correspondence should be sent to isolation.facility@hse.ie

Queries can be made by contacting 01 9210251 / 086 0326193 / 087 1800130 (8:00 to 19:00 daily)

Client Name:			
Address:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (DD/MM/YYYY):		/ /
Consent to receive Text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tel/Mobile #:		
Parent/Guardian/ Next of Kin	GP Name		
Relationship to client	Address		
Tel / Mobile #	Tel/ Mobile #		

Referral Source: Acute Hospital GP Assessment Hub Public Health Other

If other, please specify: _____

Is patient a Healthcare Worker: Yes No

Is this referral part of an Outbreak: Yes No If Yes, Outbreak Code: _____

Outbreak Manager Details: Name: _____ Tel: _____

Email: _____

Is this a VOC (Variant of Concern) : Yes No Not Applicable

PLEASE CONFIRM THAT THE CLOSE CONTACT AND DISCHARGE DATES HAVE BEEN SIGNED OFF BY THE SMO/PH SPECIALIST Yes No

If facilitating hospital discharge, date of discharge: / / (Please attach Discharge Summary)

Please confirm you will accept this patient back to your hospital should they become unwell: Yes No

Signed: _____

Date: / /

Infectious Disease Status Please complete all sections	1. Is the patient a confirmed case: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Type of Infectious Disease: _____ 3. If COVID – type of test:: <input type="checkbox"/> Antigen <input type="checkbox"/> PCR 4. Date of onset of symptoms: / / 4a. Type of Symptoms: _____ Or: Date of contact with known / suspected case: / / 5. Date of test, if done (NOT date of result): / / 6. Date of last documented fever: / / 7. Expected date of completion of isolation: : / /
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Vaccination Status	Covid Vaccination Status Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Monkeypox (Smallpox) Vaccination Status Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Date of 1 st dose: / /	Date of vaccination: / /
	Date of 2 nd dose: / /	Other relevant information: _____
	Date of Booster: / /	

Reason for Referral i.e. reason they are unable to self-isolate at home, please be specific:

Past Medical History

Previous Infections

Covid

Yes No Unknown

If yes, date of diagnosis: _____

Monkeypox (Smallpox)

Yes No Unknown

If yes, date of diagnosis: _____

Medications

Allergies

Social Circumstances

Smoker: Yes No

Interpreter required: Yes No

Language _____

Mobility Issues / Disability (Hearing / visual impairment) Please outline

Please note that the potential resident must be self-caring.

Referred By (Title & Name):

Date: / /

Signature:

Tel #:

Email Address:

Postal Address: (Including ward /Eircode details as appropriate):

Preferred method of contact:

Telephone Email Post

Parent/Guardian/Next of Kin Signature: _____ **Date:** _____

HAS CLIENT (OR PARENT/GUARDIAN): (a) Consented to this Referral?

Yes No

(b) Consented to sharing of His/ Her information?

Yes No

Important Information

(To be given to Patients in advance of Admission)

Items to be brought by residents to Isolation Facility: -

- Mobile telephone and a charger
- Enough personal clothing for the duration of your stay (up to 14 days)
- List of prescription medication
- Bring a supply of prescription medication for the duration of stay (up to 21 days)
- Reading glasses, if worn
- Laptop and charger if desired - Wi-Fi is available free of charge in the facility
- Apple iPad or android tablet or kindle if desired – Wi-Fi is available free of charge in the facility
- Reading materials such as books and magazines, study materials
- Notebook and pens (for personal use)
- Walking shoes, warm outdoor coat/raincoat, hat, scarf and gloves and an umbrella
- Personal toiletries and cosmetics
- Personal supply of face masks and alcohol gel, if you have them
- Own hairdryer if preferred
- Snacks/treats for own use. Dried products only. No take-away deliveries or perishable foods are allowed.

For people with children:

- Enough changes of clothing
- Nappies and or pull ups
- Baby wipes and baby toiletries
- Calpol and/or Neurofen
- Prescription medications
- Electric Steriliser and bottles – Microwave facility **not** available
- Toys, books, colouring books, colouring pencils & crayons and games
- Outdoor clothing

Please do not bring valuables with you to the facility