

**Metro South Health**  
**COVID-19 Hospital in the Home (HITH) Referral**  
(V2.2 June 2022)

Preferred method for referrals is GP Smart Referrals

Medical Objects: MQ4113001HZ

Health Link: qldmetro

Fax: (07) 3156 4382

Please note: if a patient is unwell and requires immediate hospital management, assessment in the  
Emergency Department is recommended

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**Referral date:**

**URGENT: COVID escalation of care**

**PATIENT'S DEMOGRAPHIC DETAILS**

**Title:**

**First name:**

**Preferred name:**

**Middle name:**

**Surname:**

**Date of birth:**

**Residential address:**

**Phone – home:**

**mobile:**

**alternate:**

**Medicare number, where eligible:**

**Expiry:**

**NOK:**

**relationship:**

**NOK phone:**

**alternate:**

**Preferred language:**

**interpreter required:**

**Identifies as Aboriginal and/or Torres Strait Islander:**

**PRACTITIONER DETAILS**

**Full name:**

**Full address:**

**Phone:**

**Fax:**

**Email:**

**Provider number:**

**Date of request:**

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**COVID-19 HISTORY**

**Date of positive test:**

**Type of test:**

**Date of first symptoms:**

**Fully vaccinated against COVID-19?:**

**Reason test could not be performed (if applicable):**

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**RELEVANT CLINICAL INFORMATION**

**Current symptoms:**

**Reason for escalation of care:**

**Medical risk factors:**

**Social risk factors:**

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**STANDARD CLINICAL INFORMATION**

**Allergies:**

**Past Medical history:**

**Current medications:**

**Immunisations:**