

# CLINICIAN REFERRAL FORM

Wishlist Accommodation (main contact): 1300 009 474/ [stay@wishlist.org.au](mailto:stay@wishlist.org.au)

On-site Accommodation Co-Ordinator available after hours

Before completing this form, please contact us by phone to confirm we have a vacancy.  
If a room is available, please complete form and return via email.

PATIENTS DETAILS	
Patients Name	
Patients UR number:	
Patients Referring Hospital	

PRIMARY GUEST DETAILS (the guest staying at Wishlist accommodation facility)			
Family Name		Given Name	
Gender		Mobile	
Guest Email			
Guest Address			
Additional Guest Names (please tick whether guest is adult or child & age of child)			
1.		Adult <input type="checkbox"/>	Child <input type="checkbox"/> (age)
2.		Adult <input type="checkbox"/>	Child <input type="checkbox"/> (age)
3.		Adult <input type="checkbox"/>	Child <input type="checkbox"/> (age)

ACCOMMODATION DATES REQUIRED			
Arrival date		Departure date	

PAYMENT	
Financial Hardship	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a SCHHS staff assisting Guest with PTSS paperwork?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment Type (if known)	
PTSS (single) <input type="checkbox"/>	PTSS (double) <input type="checkbox"/> ( Escort Name _____ )
Self Funded <input type="checkbox"/>	FOC <input type="checkbox"/>
<p><i>Please note ONLY SCHHS Social Workers can submit FOC (Free of Charge) paperwork and is subject to funds availability. These FOC funds are generously provided by Wishlist Supporters to assist guests in hardship circumstances and who have no access to Patient Travel Subsidy Scheme (PTSS)</i></p>	

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<i>Immediate Concerns and Safety Risks (please tick)</i>	
Do you have any safety concerns for this client? STAIRS, Mobility Issues	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Is the client suitable to accommodate under shared living arrangement?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Does the client have alcohol or drug issues?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Suicidal thoughts/self-harm	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Threats of Violence or harassment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Domestic or family violence	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Special Requirements	

## *Details of SCHHS staff making Reservation*

**By sending this form, the referee and the client agree that:**

1. **If Guest is eligible for PTSS, SCHHS Staff** to ensure the Guest completes PTSS application form & submits
2. **If Guest be Self Funded payment must be made at time of check in.**
3. Wishlist is strictly accommodation for patients & their family and carers & therefore do not have any Health or Medical staff on site to assist with care of guest's health needs.
4. Guests are liable to pay for any damage to property or household items caused by them during their stay at the accommodation.
5. **SMOKING OR ALCOHOL IS NOT PERMITTED IN ANY WISHLIST ACCOMMODATION FACILITIES**
6. All guests must be receiving outpatient treatment or be an escort/family member or friend of a patient undergoing treatment. As either an inpatient or outpatient
7. Guest/s **MUST be able to self-care/or have a carer accompanying them** and must always comply with the rules of Wishlist Accommodation facilities.
8. Children staying must be always accompanied by a responsible adult in all areas of our facilities
9. **Please note that Wishlist Accommodation is not an emergency shelter or a short-stay remedy for homelessness.**

Name		Signature	
Position & Unit /Ward		Date	
Email Address		Contact Number	