



Nursing Group

Reliability Trust Expertise

Referral Kit



Thank you for choosing **Nursing Group**. Our **referral system** is simple and efficient. All you have to do is follow the flow chart below:

1

Get a quotation.

Call 1800 25 7000 or email info@nursinggroup.com.au

Quotations will be tailored to your needs

2

Complete the forms enclosed in this package

Client Information Form
Accounts Details Form

Or complete your own referral form if it contains the same information

3

Send your completed referral forms by

Fax: 02 8778 7788 or
Email info@nursinggroup.com.au

4

Wait for our call

Our Nursing Manager will call you within two hours of receiving your referral on business days and set up your service.

Client Information Form

Date of referral: _____ Care to start: _____ Care to finish: _____

Surname: _____ Given Names: _____

Address: _____

Telephone: _____ Date of Birth: _____

GP: _____ Telephone: _____ Gender: _____

Next of kin: _____ Relationship: _____

Address: _____
_____ Telephone: _____

Diagnosis: _____

Medical History (if applicable): _____

Does the client have behavioural problems? If yes, please provide full details _____

Any particular needs? (eg – males only, anglo saxon only, particular language, etc.) _____

Days of care: Mon Tue Wed Thu Fri Sat Sun

Freq. of care: Weekly Fortnightly Other

Time start (AM): _____ Time finish: _____ No. of hours per service: _____

Time start (PM): _____ Time finish: _____ No. of hours per service: _____

Client information form completed by: _____

Sign: Phone: _____ Qualification: _____

How did you hear about our service? _____

PLEASE NOTE: SERVICES CANNOT COMMENCE UNTIL WE HAVE ALL NECESSARY INFORMATION.

ACCOUNT DETAILS FORM FOR INVOICING

PLEASE COMPLETE THE FOLLOWING FORM

IF THIS INFORMATION IS ON YOUR OWN REFERRAL FORM THEN YOU DO NOT NEED TO COMPLETE THIS FORM

Clients Name: _____

Account to be sent to (eg. Company, Department and / or person): _____

Your Ref / Claim No. (if applicable): _____

Postal address: _____

Telephone: _____ Fax: _____

Email: _____

FOR LATE ACCOUNT FOLLOW UPS:

Name: _____ Tel: _____

PLEASE SIGN TO ACKNOWLEDGE THAT ACCOUNTS WILL BE STRICTLY 14 DAYS

Signed:

Print Name: _____ Designation: _____

OFFICE USE ONLY:

Account code Entered into system by Date