

Information exchange Summary

Purpose: to exchange summary information with other service providers at key points in the consumer's pathway to support coordinated care.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Contact details

From	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
	Role with consumer:	
To	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:

<input type="checkbox"/> Feedback after assessment	<input type="checkbox"/> For information <input type="checkbox"/> For action
Date of assessment: dd/mm/yyyy / / Assessment outcomes (summarise in notes) → Assessment information or report attached? <input type="checkbox"/> Yes (specify in notes) <input type="checkbox"/> No Is Other relevant information attached? <input type="checkbox"/> Yes (specify in notes) <input type="checkbox"/> No Are there any specific risks, alerts or OHS issues? <input type="checkbox"/> Yes (specify in notes) <input type="checkbox"/> Not known <input type="checkbox"/> No risks/alerts	Notes:

<input type="checkbox"/> Shared care / case plan information	<input type="checkbox"/> For information <input type="checkbox"/> For action
Specific care goals? <input type="checkbox"/> Yes <input type="checkbox"/> To be determined Care plan attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Date care plan developed: dd/mm/yyyy / / Anticipated service duration: _____ Planned review date: / / and / /	Notes:

<input type="checkbox"/> Review or change in shared care / case plan	<input type="checkbox"/> For information <input type="checkbox"/> For action
Actual review date: dd/mm/yyyy / / Reason for review: <input type="checkbox"/> Scheduled review <input type="checkbox"/> Change in needs or progress Updated care plan attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Key issue and summary of change:

<input type="checkbox"/> Handover/ transition or discharge	<input type="checkbox"/> For information <input type="checkbox"/> For action
Course/treatment/service completed by this service? <input type="checkbox"/> Yes <input type="checkbox"/> No Have the goals been achieved? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Did not attend <input type="checkbox"/> Inactive phase of condition <input type="checkbox"/> Other (specify in notes) Client transitioning to other service (specify in notes) → Date of transition: / / or Discharge/exit date: / /	Notes/Contact details for transition service:

Practitioner signature: Position: Contact (phone/email):	Total number of pages sent:
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This information collected by:		IES Page 1 of 1
Name:	Position/Agency:	
Sign:	Date: dd/mm/yyyy / /	Contact number: