



Lismore Region – Home Visit Booking Form

ALL HOME VISIT REQUESTS MUST BE FAXED TO (02) 6622 7219 TO CONFIRM BOOKING

DATE COLLECTION REQUIRED:

PATIENT'S NAME AND DOB:

NURSING HOME/PRIVATE ADDRESS:

PHONE:

NAME OF REQUESTING DOCTOR

Nursing home staff will be required to be available to identify patients prior to collection of specimens.

LIST ALL TESTS REQUESTED:

- Is the request URGENT? YES / NO (Please Circle)
- Is the request form AT NURSING HOME/HOME ADDRESS? YES / NO (Please circle)
- Is the patient fasting? YES / NO (Please circle)
- Is there any specific information regarding the patient's drug level? YES / NO (Please circle – If YES see notes below)
- Are there any other details which the collector should be made aware off that may affect the safe collection of your specimen? YES / NO (Please circle – If YES see notes below)
- Will there be a need to send more than one collector? YES / NO (Please circle – If YES see notes below)
- Can the collector gain safe access to your property (fences/gates)? YES / NO
- Is the property clearly numbered? YES / NO (Please circle – If NO see notes below)
- Are there any animals on the property? YES / NO (Please circle)
Inform the patient that any animal(s) is/are to be restrained at the time of the collector's visit
- Will there be other persons in the patient's home at the time of the collection? YES / NO (Please circle)
- Are there any physical or behavioural issues of which we should be aware? YES / NO (Please circle)

Please fax pathology request form and home visit booking form together when requesting Home Visits

- **Unless urgent do not book the same day.**
- **Fasting tests are only to be booked Wednesday, Thursday or Friday unless Urgent**
- **We try to visit (fasting patients) by approximately 9.00am**
- **We visit (non fasting patients) up until 2.30pm**

RECEIVED BY SNP AT (Time) on .../.../.....