



## Patient Information

### Referral Details

Bayside Wound Group is open Monday to Friday from 8am – 4.30pm. Visits outside these times can be arranged with prior approval.

All patients of Bayside Wound Group require a referral from a GP or specialist. Your GP will be able to provide a 'Patient Health Summary' which will give us a thorough medical history to assist us in the admission process.

*We ask that you report any unexpected signs of illness or fever to our staff prior to the appointment as this may affect our ability to attend. It is recommended all patients have a thermometer in their home and check their temperature daily.*

Any concerns regarding the referral to Bayside Wound Group can be discussed with us or your referrer.

### Home Care & Clinic Visit Information

Home care patients will be contacted in the morning with an *approximate* time of arrival. Please note: Home visit times are subject to change due to traffic conditions and unpredictable circumstances. You will be contacted if an appointment change is necessary. It is the patient's responsibility to accommodate home visits. Please do not schedule non-essential appointments within our home-visit hours.

For consultations at one of our wound clinics an appointment time will be scheduled and confirmed. Our wound clinics are routinely staffed by one of our nurse practitioners and are located at 23 Black St, Brighton & Suite 55 Cabrini Malvern.

### Medicare Rebate & Funding

***Medicare rebate is only available for Nurse Practitioner consultations.***

*It is rarely possible for all your appointments to be conducted by a nurse practitioner. Most visits will be attended by our competent wound care team who routinely report to the Nurse Practitioners.*

The service costs are a patient responsibility *unless* they have been accepted by a third party - including your private health fund, the discharging hospital or an aged care facility.

We require written confirmation and invoicing details from the third party **before** accepting the referral. Any appointments attended before confirmation is received by our office remains the responsibility of the patient.

I have read and understood the information provided. Sign: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print Full Name \_\_\_\_\_

Should you experience any complications prior to the first visit please contact the discharging hospital or GP to seek advice.

For urgent attention in the case of an emergency dial 000