

# Request for Home Visits

Bookings to be emailed to: [cscl.homevisit@sclabs.co.nz](mailto:cscl.homevisit@sclabs.co.nz)

Urgent requests only should be phoned to: 03 360 0842

Rest home/ Medical centre: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient address: \_\_\_\_\_

(include Rest Home wing / room number where applicable) \_\_\_\_\_

Visit date (in week starting): \_\_\_\_\_

Urgent (determined by Dr only):  Yes  No

Name of Dr authorising visit: \_\_\_\_\_

Regular INR (warfarin)?

Regular other testing?

Fasting?  Yes  No

Drug level?  Yes  No

Blood test request form sent to CSCL Home Visits?  Yes  No

Blood test request form held at rest home/house?  Yes  No

## Compulsory questions:

1. Has the visit location been assessed and is safe to visit?  Yes  No

2. Dogs on property?  Yes  No

3. Other person(s) on property?  Yes  No

4. Is the patient displaying cold/flu-like symptoms?  Yes  No

5. If yes, do they have:  Fever  New cough  
 Sore throat  New breathlessness

6. Have they been in contact with a confirmed COVID-19 case?  Yes  No

7. Are there other known hazards?.....

### CSCL office use only

Confirmation of home visit date \_\_\_\_\_

(visit could be am or pm except for fasting or drug levels)

Confirmation sent \_\_\_\_\_

Sign \_\_\_\_\_