



XC000050

_____ Hospital / Health Service WACHS Chronic Condition Alert Notification Form Application for adding, updating or inactivating a Chronic Conditions Alert	Surname		UMRN / MRN		
	Given Name		DOB	Gender	
	Address			Post Code	
				Telephone	

Request Type: Add Update Inactivate **Date of Request :** ____ / ____ / ____

MANDATORY:
Patient must have **at least one** priority chronic condition **AND** complex care needs.

PRIORITY CHRONIC CONDITION <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Chronic Kidney Disease (Stages 3 – 5) <input type="checkbox"/> Chronic Heart Failure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Rheumatic Heart Disease <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes	COMPLEX CARE NEEDS <input type="checkbox"/> At risk or has history of frequent ED presentations, unplanned inpatient admissions or long stay admissions <input type="checkbox"/> Complex co-morbidity <input type="checkbox"/> Complex psychosocial circumstances <input type="checkbox"/> Access of health services is limited and/or discharged against medical advice <input type="checkbox"/> Requires support to self-manage their health care needs
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Start Date: ____ / ____ / ____ Review Date (10 years): ____ / ____ / ____ End Date: ____ / ____ / ____

Initiating Clinician: _____ HE# _____ Signature: _____

Site / Unit: _____ Designation: _____ Contact: _____

Authorising Medical Officer, Nurse Practitioner or Manager
(required **only** if initiating clinician is not medical, nurse practitioner or manager)

Name (please print): _____ HE# _____ Signature: _____

Designation: _____ Contact: _____

Send completed form via email to the appropriate regional email address below:

Goldfields GFPatientAlerts@health.wa.gov.au

Great Southern WACHS-GS.PatientAlerts@health.wa.gov.au

Kimberley WACHS-KI Patient Alerts

Midwest ClinicalApplications.WACHS-Midwest@health.wa.gov.au

Pilbara WACHSPB_PatientSafetyQuality@health.wa.gov.au

South West WACHS-SW Alert Notification

Wheatbelt WACHS-WBPatientAlerts@health.wa.gov.au

Administrative Use Only: Entered on webPAS Yes No

**PLEASE ENSURE THIS FORM IS FILED AT THE FRONT OF THE HEALTH RECORD
(BEHIND THE ALERT DIVIDER IF PROVIDED)**

MR CC ALERT 1 WACHS CHRONIC CONDITION ALERT NOTIFICATION FORM