Nursing and Midwifery
Health Program Victoria
Caring for nurses and midwives

Level 8, Aikenhead Building
27 Victoria Parade
Fitzroy Victoria 3065

Email: admin@nmhp.org.au
Phone: 03 9415 7551
Fax: 03 9415 7559

Employer Assisted Referral Form

Complete this form if you are an employer requesting NMHPV intervention.

Referral Date: ________________

EMPLOYER DETAILS

Health Service (if applicable): ________________

Contact Phone: __________ Contact Email: __________

Employer's Address: ________________

Suburb/Town: __________ State and Postcode: __________

REFERRED NURSE, MIDWIFE OR STUDENT DETAILS

Nurse's Name: ________________

Nurse's Position: __________ Nurse's Department: __________

Length of Service: __________ Date of Incident/s: __________

Presenting Issue: ________________

Other Relevant Issues: ________________

Preferred Course of Action: ________________

Documentation Provided to Nurse (attach if appropriate): ________________

Release of Information Signed by Nurse (attach copy where relevant): ☐ YES ☐ NO

Preferred Method of Communication: ☐ Email ☐ Letter ☐ Fax ☐ Phone ☐ Other (please specify below):

Preferred Frequency of Communication: ________________

Email your completed form to: admin@nmhp.org.au