



XC000050

_____ Hospital / Health Service <b>WACHS Chronic Condition Alert Notification Form</b> Application for adding, updating or inactivating a <b>Chronic Conditions Alert</b>	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.

<p><b>PRIORITY CHRONIC CONDITION</b></p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Chronic Obstructive Pulmonary Disease</p> <p><input type="checkbox"/> Chronic Kidney Disease (Stages 3 – 5)</p> <p><input type="checkbox"/> Chronic Heart Failure</p> <p><input type="checkbox"/> Heart Disease</p> <p><input type="checkbox"/> Rheumatic Heart Disease</p> <p><input type="checkbox"/> Type 1 Diabetes</p> <p><input type="checkbox"/> Type 2 Diabetes</p>	<p><b>COMPLEX CARE NEEDS</b></p> <p><input type="checkbox"/> At risk or has history of frequent ED presentations, unplanned inpatient admissions or long stay admissions</p> <p><input type="checkbox"/> Complex co-morbidity</p> <p><input type="checkbox"/> Complex psychosocial circumstances</p> <p><input type="checkbox"/> History of poor engagement with health services and/or discharge against medical advice</p> <p><input type="checkbox"/> Inadequate self-management capacity for their health care needs</p>
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Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Review Date (2 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](mailto:GFPatientAlerts@health.wa.gov.au)

**Great Southern**      [GS Patient Alerts](mailto:GS Patient Alerts)

**Kimberley**      [WACHS-KI Patient Alerts](mailto:WACHS-KI Patient Alerts)

**Midwest**      [ClinicalApplications.WACHS-Midwest@health.wa.gov.au](mailto:ClinicalApplications.WACHS-Midwest@health.wa.gov.au)

**Pilbara**      [WACHSPB\\_PatientSafetyQuality@health.wa.gov.au](mailto:WACHSPB_PatientSafetyQuality@health.wa.gov.au)

**South West**      [WACHS-SW Alert Notification](mailto:WACHS-SW Alert Notification)

**Wheatbelt**      [WACHS-WBPatientAlerts@health.wa.gov.au](mailto: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**