CLNFRM007-2.0

RapidAccess
MEDICAL INFUSIONS

Venesection Request Form

SEND REFERRAL
Email: referrals@rapidaccess.au
Fax: (02) 4096 1371

MORE INFORMATION
☎ 1300 070 731
🟥 Iron Infusions
🟨 Bisphosphonates
🟦 Biologic Infusions
+ More Services

SCAN QR FOR ALL SERVICES & REFERRAL RESOURCES

PATIENT DETAILS
Please fill in if no patient label available

SURNAME: ....
GIVEN NAMES: ....
DOB: .... SEX: ☐ M ☐ F ☐ Other

<<<<<<<<<<<<<<<<<<<< AFFIX PATIENT LABEL HERE >>>>>>>>>>>>>>>>>>>>

Clinic Location: CHOOSE LOCATION

PLEASE VISIT OUR WEBSITE FOR FULL LIST OF LOCATIONS

Patient Clinical Details

CLINICAL INDICATION / DIAGNOSIS
☐ Hereditary Haemochromatosis
☐ Polycythaemia
☐ Other: ....
....

ALLERGIES / ADVERSE DRUG REACTIONS
☐ Nil Known
☐ Medicine
☐ Other

DESCRIBE REACTION

MEDICAL HISTORY:
☐ Nil Known
☐ Haemophilia
☐ Pregnant ⟶ *Gestation (weeks)* ....
☐ Other: ....
☐ Heart Failure
☐ Thrombocytopenia

CLINICAL PARAMETERS:
CAN LEAVE BLANK IF BLOODS ATTACHED

Height .... Weight ....
Ferritin ....
Hct ....
Hb ....

<<<<< PLEASE ATTACH LATEST BLOOD RESULTS >>>>>

Patient Support

☐ **Booking Assistance Required:** Our nursing team will contact this patient to assist them in booking their appointment

Phone no: ....

☐ **Interpreter Required:**

LANGUAGE

☐ **Aboriginal / Torres Strait Islander**

Medical Procedure

Venesection

BLOOD VOLUME TO BE REMOVED
☐ 450 mL whole blood (standard)
☐ 250 mL whole blood
☐ .... mL whole blood

FREQUENCY OF VENESECTION
☐ Once-only
☐ Fortnightly
☐ Other ....
☐ Weekly
☐ Monthly

DURATION OF TREATMENT
☐ Once-only
☐ For .... weeks
☐ For .... months

TARGET LEVELS FOR PATIENT
☐ Ferritin .... OR ☐ Hct .... OR ☐ Hb ....

PLEASE NOTE

The referring physician is responsible for ordering pathology and monitoring results throughout the course of treatment.

Patients must have valid blood test results no older than two weeks prior to each venesection.

The referring physician must ensure the patient is provided with the appropriate pathology referral.

Venesection will cease once target treatment ranges are achieved.

Referrer Authorisation

DOCTOR / NP NAME:
....

PROVIDER NO:
....

PRACTICE NAME:
....

BY SIGNING, I CONFIRM THE FOLLOWING:

I have explained the purpose, risks, and side effects of this treatment. The patient understands they may withdraw consent at any time.

The patient has no known contraindications and I have provided a valid prescription (eScripts preferred), along with relevant blood results (<4 weeks old) and supporting clinical documentation.

DOCTOR / NP SIGNATURE:

DATE:

DO NOT WRITE IN THIS BINDING MARGIN

Venesection Request Form

rapidaccess.au

REFERRAL AND AUTHORISATION FOR PROCEDURE

PATIENT INFORMATION TURN PAGE ❯

RapidAccess
MEDICAL INFUSIONS

PATIENT INFORMATION

BOOK YOUR APPOINTMENT

1300 070 731

rapidaccess.au

SCAN HERE >

1
Choose a Clinic & Book Your Appointment
2 min

2
Complete Online Patient Registration & Document Upload
5 min

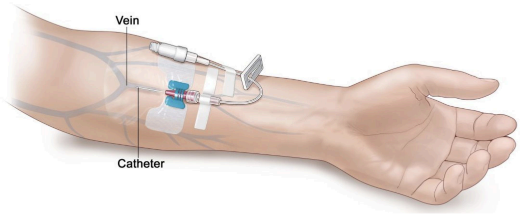
3
Attend Your Scheduled Appointment
30 - 90 min

Understanding Your IV Procedure

You have been prescribed an intravenous (IV) procedure. This involves placing a small, soft plastic tube called a cannula into a vein, usually in your arm or hand. The cannula allows fluids or medications to be delivered, or blood to be collected, in a safe and comfortable manner by an accredited nurse.

What to Expect

- A tourniquet is applied to help locate a suitable vein.
- A needle is used briefly to insert the cannula. Once in place, the needle is retracted and only the soft plastic tube remains in the vein.
- A dressing is applied to secure the cannula in place.
- Your treatment will then begin. This may involve fluids or medication being slowly infused, or a prescribed amount of blood being collected, depending on the procedure prescribed.
- Once the procedure is complete, the cannula is removed, pressure is applied to the site to stop any bleeding, and a small bandage is placed over the area.



Example of IV Cannulation

Medication Collection

If your appointment requires medication, you can collect it from your local pharmacy or ask us to collect it for you. To use our **Medication Collection Service,** select this option when uploading your script through the document upload portal in your appointment confirmation email. If you choose this option, we will have your medication ready for your appointment.

Getting Ready for Your Appointment

Before You Arrive:

- Eat a light meal to avoid nausea or dizziness.
- Stay well hydrated unless advised otherwise
- Wear loose clothing with sleeves that roll up easily.
- Bring a jacket in case you feel cold.
- Please bring your Medicare card, any applicable concession cards, and a valid form of photo ID

When You Arrive:

- Arrive 10 minutes early for check-in and preparation.
- Let staff know if you're unwell or if your health has changed.
- You will be asked to complete a pre-procedure assessment and consent form.
- A nurse will explain the procedure, ensure your comfort, insert the cannula, and monitor you throughout your procedure.

After Your Procedure:

- Your IV procedure may take 30–90 minutes depending on your treatment.
- You will be asked to remain for up to 30 minutes after your procedure so we can ensure you are feeling well before you leave.
- Mild bruising or tenderness at the cannulation site is common and usually settles within a few days.
- Check the area daily for a week. If you notice discolouration, pain, swelling or discharge, contact us or your doctor.

! Health & Safety Notice

If you have a heart or kidney condition, please check with your doctor regarding fluid restrictions prior to your procedure. Please do not attend the clinic if you have cold or flu symptoms. Contact us to reschedule your appointment if you are feeling unwell.

Your doctor has recommended Rapid Access Medical Infusions for your IV procedure. While you are free to choose any licensed medical infusion provider, please note that not all clinics may offer the specific medications or services required for your care. We recommend discussing your options with your treating practitioner to ensure continuity, safety, and the best outcome for your treatment.

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DOCTOR REFERRAL TURN PAGE >

PATIENT INFORMATION FOR INTRAVENOUS (IV) PROCEDURE

DO NOT WRITE IN THIS BINDING MARGIN