

Referral triage checklist

The admin side of triage, from the moment a referral lands to a confirmed next step. Print it, adapt it to your clinic, and keep it by the desk.

1 When it lands (same day)

- ☐ Log it in one place: one list, not three inboxes
- ☐ Name one owner for this referral
- ☐ Send an automatic acknowledgement straight away, so the referrer knows it arrived
- ☐ Set a separate target for a decision, for example within 1 to 2 business days
- ☐ Note the date and how it came in (fax, email, web form, phone)

2 Is it complete? (admin check)

- ☐ Client name, contact details and preferred contact method
- ☐ Referrer name and contact details
- ☐ Reason for referral and the discipline requested
- ☐ Funding type (Medicare, NDIS, private, DVA or other), plus any plan or approval details
- ☐ Urgency, as stated by the referrer
- ☐ Location, access needs and preferred service mode (in clinic, at home or telehealth)
- ☐ Consent to share information
- ☐ Interpreter or language needs

Missing something? Ask once, in writing, and note the date you'll follow up by.

3 Can we take it? (admin fit)

- ☐ We offer the discipline and service requested
- ☐ The client is within our service area, or telehealth may suit (the practitioner decides)
- ☐ We accept this funding type
- ☐ Someone suitable has capacity, or the client can join a waitlist

Owner _____

Received _____

Follow up by _____

Decision _____

4 When it goes to a clinician

- ☐ It mentions risk, safety concerns, deterioration or a recent hospital discharge
- ☐ It's marked urgent, or the urgency is unclear
- ☐ It's outside your usual scope, or fit needs a clinical judgement

Admin triage is not clinical triage. If any box above is ticked, hand it to your clinical lead the same day. If anyone describes an emergency, tell them to call 000.

5 Decide and record the next step

- ☐ Accept and allocate a practitioner
- ☐ At allocation, make flagged risks visible to the treating practitioner, and record that accepting the allocation confirms they have reviewed them
- ☐ Waitlist, with a review date
- ☐ Request more information, with a follow-up date
- ☐ Redirect to a better-suited service
- ☐ Decline, with a reason
- ☐ Record who decided, what, and when

6 Close the loop

- ☐ Tell the client what happens next, and when
- ☐ Tell the referrer the outcome
- ☐ Book the first appointment, or set the waitlist review date

7 Waitlist review

- ☐ Set a review interval (for example, every 2 to 4 weeks) and name one owner
- ☐ Contact each client at every interval: do they still need the service?
- ☐ Re-check risk and urgency. Any change goes to your clinical lead that day
- ☐ Give realistic timeframe guidance, never a promised start date
- ☐ Escalate or redirect long waits (another practitioner, location or telehealth)
- ☐ Update the referrer at each review, and when the client starts or leaves
- ☐ Log each contact: date, outcome, updated details and next review date

Made by Meddle: referral intake, triage and matching. Meddle surfaces matches; your team decides.