

REFERRAL FORM

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| <p>Referral to:</p> <p><input type="checkbox"/> Day Rehabilitation</p> <p><input type="checkbox"/> Supervised Hydro <input type="checkbox"/> Independent Hydro</p> | <p>Relevant Medical History: _____</p> <p>_____</p> <p>_____</p> <p>Contact Precautions: (ie. MRSA / VRE) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Group Program:</p> <p><input type="checkbox"/> Orthopaedic <input type="checkbox"/> Pulmonary</p> <p><input type="checkbox"/> Reconditioning <input type="checkbox"/> Cancer Related Fatigue</p> <p><input type="checkbox"/> Cardiac <input type="checkbox"/> Back Care / Spinal Surgery</p> <p><input type="checkbox"/> Sub Acute Neurological (<4 months since event)</p> <p><input type="checkbox"/> Chronic Neurological (>4 months since event)</p> | <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>Discharge Date: (If applicable) _____</p> |
| <p>Specifically requires 1:1 Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Appropriate for Hydrotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Name of Insurer: _____</p> |
| <p><i>Referral to the programs constitutes a referral for your patient to be consulted by our Rehabilitation Specialist</i></p> <p>Patient Details:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Surname: _____</p> <p>Given Name(s): _____</p> <p>Address: _____</p> <p>_____</p> <p>P/Code: _____ DOB: _____</p> <p>Country of Birth: _____</p> <p>Ph: _____ (Hm) _____ (Mob)</p> <p>Email: _____</p> <p>Language Spoken (if other than English) _____</p> | <p>Membership No: _____</p> <p>DVA Card Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, DVA No: _____</p> <p>Medicare No: _____</p> <p>Expiry Date: _____</p> |
| <p>Reason for Referral / Diagnosis:</p> <p><i>Note: Refer to Patient Criteria on reverse of form</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>General Practitioner:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>P/Code: _____ Ph: _____</p> <p>Provider No: _____</p> |
| <p>Mobility Status: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Referring Doctor / Specialist:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>P/Code: _____ Ph: _____</p> <p>Provider No: _____</p> <p>Date of Referral: _____</p> |
| | <p>Hospital Use Only:</p> <p>Date received: _____</p> |

DAY REHABILITATION REFERRAL FORM MR 005

REFERRAL FORM

Admission Criteria

Patient must:

- have the potential to benefit from participating in a Day Rehabilitation Program which may include hydrotherapy or gym based exercise
- have Private Health Insurance cover, Compulsory Third Party cover or DVA cover or can self fund hydrotherapy
- be able to complete an exercise program in a supervised environment
- be continent and not require complex wound dressing if attending hydrotherapy
- be independent or have own carer to assist with showering and / or dressing if attending hydrotherapy
- arrange their own transport to and from the hospital

Which Program is Suitable for your Patient?

Patients can be referred to the following programs:

Day Rehabilitation:

- This is a group session of up to 10 patients, fully run and coordinated by our Multi Disciplinary Allied Health Team. Patients may attend 2-3 times per week, with sessions running for 2-3 hours
- Patients in these programs will receive a comprehensive individual assessment, therapy and education. This may include a combination of gym based exercise, hydrotherapy, education sessions, physiotherapy, exercise physiology, occupational therapy and speech therapy as required
- We are also able to provide 1:1 therapy to complex and neurological presentations where clinically appropriate
- Patients will be case-managed by the Rehabilitation Specialist throughout their time in the program

Supervised hydrotherapy:

- This is a group session of up to 10 patients, supervised by a Physiotherapist in the pool
- This session runs for 45 minutes (including changing time)
- Patients referred to the supervised hydrotherapy program will need to undergo a detailed initial assessment (30 minutes) on land prior to attending their first session in the pool

Independent hydrotherapy:

- This is a group session of up to 15 patients, supervised by a qualified pool attendant on the pool deck only
- This session runs for 40 minutes (including changing time)
- Patients referred to the independent hydrotherapy program will undergo a brief initial assessment to ensure their safety and appropriateness to use the hydrotherapy facilities independently