ST VINCENT'S PRIVATE HOSPITAL
MELBOURNE

EXTERNAL REHABILITATION REFERRAL

Given Names _____
Surname _____
DOB _____
UR Number _____
Sex _____ Room No _____

Please FAX to Werribee Rahabilitation: 9218-8165 / East Melbourne Rehabilitation: 9928-6744

DIAGNOSIS:

Estimated Transfer Date:

Expected Length of Stay:

Address _____ Suburb _____
Email _____ Mobile _____
Country of Birth _____ Religion _____
Marital Status _____
GP Name _____ GP Clinic _____
GP Phone No _____

Fund

☐ Private ☐ DVA ☐ TAC

Health Fund _____ Member Number _____ Claim Number _____
Member Number _____ Case Manager _____

☐ Workcover
Approval Letter _____

Medicare Card

Card No _____
Ref No _____

For Office Use Only

Fund Check ☐ Excess _____

Eligible for Rehab Admission ☐ Yes ☐ No

Note: _____
_____

Referrer Details

Current Hospital UR Number _____
Referring Facility _____ Ward _____ Bed _____
Admission Date _____ Referral Date _____
Contact Person _____ Contact No. _____
Treating Specialist _____
Acute Admission Diagnosis _____

Clinical Assessment

English Proficiency _____
Hearing _____
Vision _____

Next of Kin/Emergency Contact

Name/Relationship _____ Phone No. _____

Past Medical History	Current Medical History / Diagnosis (include investigations)

ACAT / ACAS Completed? ☐ Yes ☐ No Date _____

Advance Care Directive ☐ Yes ☐ No Details _____

Enduring Guardianship / EPOA ☐ Yes ☐ No

MRSA Screening ☐ Yes ☐ No Site _____ Result _____

Allergies / Alerts _____

Wound Details _____

Mobility ☐ Assist ☐ Mod ☐ Min ☐ With Aids Specify Aids _____

Distance ☐ 5-20m ☐ 50m ☐ 100m ☐ 200m

Weight Bearing Status _____

Transfers _____

Showering / Dressing ☐ Assist ☐ Mod ☐ Min ☐ Supervision ☐ Set-up

Toileting _____

Continence - Bladder _____

Continence - Bowel _____

Bowel last opened _____

Mental State ☐ Alert ☐ Confuse ☐ Wandering

☐ Inappropriate Behaviours Details: _____

Diet _____ Fluids _____

Weight (Kgs) _____

Bariatric equipment required ☐ Yes ☐ No Specify _____

Falls Risk ☐ Low ☐ High

No. of falls in the last 12 months _____

Pressure Injury ☐ Yes ☐ No Location _____

Pre Morbid State

Mobility ☐ Assist ☐ Mod ☐ Min ☐ With Aids ☐ Nil aid

Distance ☐ 5-20m ☐ 50m ☐ 100m ☐ 200m

Weight Bearing Status _____

Transfers _____

Showering / Dressing ☐ Assist/Mod Assist ☐ Min ☐ Set-up ☐ Supervision ☐ Independent

Toileting _____

Continence - Bladder ☐ Yes ☐ No ☐ IDC ☐ SPC

Continence - Bowel ☐ Yes ☐ No ☐ Stoma

Mental State ☐ Alert ☐ Confuse ☐ Wandering

☐ Inappropriate Behaviours

Expected to return to premorbid facility ☐ Yes ☐ No

Accomodation Details ☐ Single Storey House Other _____

☐ Double Storey House

Living Arrangements ☐ Alone ☐ Spouse/Partner ☐ with Family

☐ Other, specify _____

Access

Front - No of Steps _____ Rail ☐ Yes ☐ No

Rear - No of Steps _____ Rail ☐ Yes ☐ No

Internal Steps _____

Bathroom

☐ Separate Shower

Rail ☐ Yes ☐ No

Toilet Rails ☐ Yes ☐ No Over Toilet Frame ☐ Yes ☐ No

HHSH ☐ Yes ☐ No Shower Chair ☐ Yes ☐ No

ADL's

Personal ADL's _____ Domestic ADL's _____

Community ADL's _____ Driving Car ☐ Yes ☐ No

Services

☐ Home Help ☐ PCA ☐ Meals On Wheels

☐ Shopping ☐ ☐

Potential barriers to discharge _____

_____

_____

Submission

Primary reason for episode of care _____

Assessed as suitable for program _____

Provisional Impairment Code _____

Patient Goals ☐ Improve Locomotion

☐ Improve transfers

☐ Improve personal care

Patient/family informed of expected clinical outcomes, and agree to admission ☐ Yes ☐ No

Ambulance booked ☐ Yes ☐ No By _____ When _____

☐ Stretcher ☐ Wheelchair

Completed by _____ Date _____

Rehabilitation Physician Informed: ☐ Yes ☐ No Date _____

Follow-up required: ☐ Yes ☐ No

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

For any queries please contact Werribee - 9218 8257 / East Melbourne 9928 6966