

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"/> Unsupervised Hydro</p> <p>Programme:</p> <p><input type="checkbox"/> Orthopaedic <input type="checkbox"/> Pulmonary</p> <p><input type="checkbox"/> Reconditioning <input type="checkbox"/> Diabetic Management</p> <p><input type="checkbox"/> Cardiac <input type="checkbox"/> Back Care</p> <p><input type="checkbox"/> Sub Acute Neurological (<4 months since event)</p> <p><input type="checkbox"/> Chronic Neurological (>4 months since event)</p> <hr/> <p><input type="checkbox"/> Suitable for Group Therapy</p> <p><input type="checkbox"/> Requires One on One Treatment</p> <hr/> <p><i>Referral to the above programmes constitutes a referral for your patient to be consulted by our Rehabilitation Specialist, Professor Maria Crotty</i></p> <p>Patient Details</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Surname: _____</p> <p>Given Name(s): _____</p> <p>Address: _____</p> <p>Postcode: _____ Phone: _____</p> <p>DOB: _____ Age: _____</p> <p>Country of Birth: _____</p> <p>Main Language Spoken: _____</p> <p><i>Note: If client does not speak English, they will require an English speaking relative / friend to attend</i></p> <p>Reason for Referral / Diagnosis:</p> <p><i>Note: Please refer to patient criteria on the reverse of this form</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Mobility Status: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Relevant Medical History: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Medications Currently in Use: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Name of Insurer: _____</p> <p>_____</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>General Practitioner: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____ Phone: _____</p> <p>Provider No: _____</p> <p>Referring Person:</p> <p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____ Phone: _____</p> <p>Patient consented to referral:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Hospital Use Only</p> <p>Date received: _____</p> <p>Date Sent for Health Fund Check: _____</p> |
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DAY REHABILITATION REFERRAL FORM

REFERRAL FORM

Admission Criteria

Patient must:

- have the potential to benefit from participating in a Day Rehabilitation Program which may include hydrotherapy or a gym based exercise
- have Private Health Insurance cover or DVA cover or can self fund hydrotherapy
- be able to complete an exercise programme 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 programmes:

Day Rehabilitation:

- This is a group session of 5-10 patients, fully run and co-ordinated by a physiotherapist. Patients may attend 2-3 times per week, with sessions running for 2-3 hours
- Patients in these programmes will receive a comprehensive individualised assessment, group based therapy and education. This may include a combination of gym based exercise, hydrotherapy, education sessions, occupational therapy and speech therapy as required
- We are also able to provide 1:1 therapy to patients 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 programme will need to undergo a detailed initial assessment (30 minutes) on land prior to attending their first session in the pool

Unsupervised 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 45 minutes (including changing time)
- Patients referred to the unsupervised hydrotherapy programme will undergo a brief initial assessment to ensure their safety and appropriateness to use the hydrotherapy facilities independently