

Pat	ient	Name

Address Phone Number:

GP: Phone Number:

HEALTH					Medicare	Numbe	r:			
EXTERNAL REFERRAL: Authority for sharing of patient informat					f patient information	n sought	Y/N			
Date of Acute Admission:			Assessed By:							
Date of Referral:			Role/Designation:							
Location/ Organisa	ation:				Phone/ Pager:					
Unit:			Interpreter Required: Y/N							
Ward: Bed No.:			Language:							
PAST HISTORY		CLINICAL DETAILS								
PREMORBID STAT	US					I	S	Α	Unable	
Residence:		Personal Care:								
Carer: Tel:		Mobility/ Aid:								
GP: Tel:		Transfers:								
POA/Guardian:		Domestic ADL's:								
Country of birth:		Community ADL's:								
Services: None □ PCA □ Nurse □ Home Help□ □		Bladder: Continent Accidents Incontinent								
Meals □ Day Centre □ CRC □ Be		Bowel: Continent	Bowel: Continent□ Accidents□ Incontinent□							
		Cognition: No Issues Dementia Delirium								
Coping: Well Depression Anxiety Depression Depres										
					T					
CURRENT FUNCTION	ONAL			T						
	I	S	Α	Unable	Behaviour Manag	gement S	trategi	ies:		
Mobility:					Weightbearing Status: Full □ Partial □ Non□					
Transfers:					Gait Aid: Nil SPS PUF WF GF WC					
Personal Care:					Other:					
l l	Bladder: Continent Accidents Incontinent Special Care: No issues Tracheostomy					omy 🗆				
Bowel: Continent□ Accidents□ Incontinent□ Oxygen□ Suction□ Pressure Cal					•					
Catheter/ Stoma:					Risk □					
			NGT PEG Tube Bariatric							
Depression □ Anxiety □			Wound Dressing Routine:							
<u>, </u>			Infections and Management Plan:							
Diet type: Normal □ Modified □			Fluids: Normal Thickened							
Eluid Postriction										



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PATIENT GOALS (include anticipated discharge destination):				
KEY ISSUES:				
RET 1550E5.				
Rehabilitation Physician or Geriatrician's Opinion:				
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RECOMMENDATION:				
Rehabilitation Stream (please circle): ABI/Neuro/Amputee/General Rehab/GEM/Spinal				
GEM □ Stream (please circle): Ortho/Neuro/General GEM				
Better at Home Subacute				
ACAS □				
Residential Care □				
Transition Care Program □ Residential □ Community □				
Patient Consents to Waitlist for:				
Heidelberg Repatriation Hospital □ Royal Talbot Rehab Centre □ Twin Parks □				
Better at Home Subacute □ Other □				
PLEASE EMAIL COMPLETED REFERRAL TO externalreferrals@austin.org.au AND ATTACH:				
Latest Pathology				
Latest Observations				
Relevant Imaging				
Medication Chart				
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