



Referral Form: Rehabilitation / Pre-Admission

All fields to be completed before patients can be assessed for admission & **PATIENT'S MEDICATION CHART NEEDS TO BE INCLUDED WITH THIS FORM**

Please Fax to Clinical Services Manager: 9971 7299 or Call (02) 8978 5301

Further details may be required or pre-admission assessment needed.

Referral Date:

If patient meets our admission criteria you will be contacted regarding bed availability.

Requested Adm Date:

SECTION 1: PATIENT DETAILS (or attach label)

Name of Patient:

Address:

Postcode:

Phone: (Home)

Mobile:

D.O.B

Age

Person for notification:

Relationship:

Address:

Postcode:

Email Address:

Phone: (Home)

(Work)

Mobile:

SECTION 2: INSURANCE DETAILS

Health Fund:

Member No:

Pension Health Card No:

Medicare No:

Id:

Exp:

DVA No:

Safety Net No:

Patient to be admitted as DVA

Yes

No

Card Type:

White

Gold

Other

Patient claiming Workers Comp:

Yes

No

Patient claiming Third Party:

Yes

No

If yes, name of Insurance Co:

Claim No:

Contact person:

Phone:

Liability Accepted:

Yes

No

Employer:

Date of Accident:

Has patient previously been a patient at Delmar Private Hospital?

Yes

No

SECTION 3: CLINICAL DETAILS

Referring Hospital:

Date of Admission to referring hospital:

Contact person:

Ward:

Phone:

Date of surgery:

Medical Diagnosis / Admission:

Specific Rehabilitation requirements:

Past Medical History:

Past History of MRO's:

Any history of dementia or sudden loss of consciousness/blackouts?

Referring Doctor:

Patient's G.P.

Recent ACAT

Yes

No

Details:

Assessment?

Social History:

Lives:

Alone

With spouse/partner

With relative

With carer

Type of Accommodation:

Home/Unit

Retirement village

Low level care

High level care

Premorbid ADL Status:

Independent

Assist

Mobility: Independent

With Aids type

Community Services:

SHN

MOW

Home Care

Other

Current Mental Status:

Alert

Orientated

Confused

Known Wanderer

Current Mobility Status:

Independent

Supervision

Assist

With Aids type

Current Transfers:

Independent

Assist X1

X2

Lifter

Current Self Care Status:

Independent

Supervision

Assist

Current Continence Status:

Bladder:

Continent

Incontinent

IDC

Bowel:

Continent

Incontinent

Colostomy

Weight Bearing Status:

FWB

WBAT

PWB/TWB

NWB

Wounds:

Dopplers

Swallowing Intact:

Yes No

Diet: Normal

Special

DELMAR OFFICE USE ONLY

Health Fund Eligibility:

Yes No

Patient's Medication Chart