Delmar private hospital

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 Assessment? Yes ☐ No ☐ Details:

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 ☐