

PENINSULA HEALTH

SUBACUTE AMBULATORY CARE REFERRAL

ACCESS
Jacksons Road, Mt. Eliza 3930
Phone: 9788 1377, Fax: 9787 9954

UR NUMBER.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH
Please fill in if no Patient Label available

Rev. 5/9/07 - 12736

Usual Address: Phone Number

Current Address:..... Phone Number

Date of Birth:..... Sex Marital Status Country of Birth

Contact Person:.....PhoneRelationship.....

Pension No. Medicare No. DVA No. Gold

LMO:..... Phone Number:.....

LMO Address:.....

Language spoken Interpreter required Yes No

Indigenous Status: Aboriginal Torres Strait Islander Neither

Service Referred to:

- Mt. Eliza Aged Care Assessment Service Falls Specialist Service Agestrong
- Cognitive, Dementia, Memory Service (CDAMS) Continence Service Movement Disorder Clinic
- Domiciliary Care: - Physio Occ Ther Speech
- Community Rehabilitation Centre based: - Physio OT Speech Podiatry Diet SW
- Community Rehabilitation home based: - Physio OT Speech Podiatry Diet SW
- Transitional Care Program (TCP): Home Based Residential
- PENPAC ROSS Speech Pathology Residential Care

Reason for Referral (include Rehabilitation Goal):

Diagnosis / Current history	Past History
Pre Morbid Function	Social History
Current Problems	Current management
Potential Risk Factors (include both client and staff)	Current Medications

Anticipated Discharge Date (if currently an inpatient)/...../.....

Name of Referee: Desig. Date/Time

Address: Phone: Fax:

Is the Client aware of the referral and has consent been given? Yes No

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MR/007 RSAC